

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Highland Ave</u> ^{Town}		<u>Balti</u> ^{County}			
Date of death <u>1906</u>	<u>June</u> ^{Month}	<u>12</u> ^{Day}	Age <u>3</u> ^{Years}	<u>3</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>X</u>		Birth-place <u>Ind</u>		
Occupation <u></u>			Where Residing if not at place of death <u>1221 Highland Ave</u>		
Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
Father's Name <u>Richard H Adkins</u>			Father's Birthplace <u>Ga</u>		
Mother's Maiden Name <u>Julia M Clark</u>			Mother's Birthplace <u>Ga</u>		
Name of person giving information <u>Richard H Adkins</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Scarlet Fever</u>	How long <u>1 week</u>
Immediate <u>Asthenia</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. C. Thieme M.D.</u>
	Address <u>1135 Highland Ave</u>
Accident or Suicide? <u>No</u>	

Interment
in Oak Lawn Cemetery

H E Hughes
17 S Broadway

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Washington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>190</i>	Month	<i>June</i>	Day	<i>1st</i>
Age	<i>18</i>	Years	<i>5</i>	Months	<i>20</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Balto. Co. Md.</i>
Occupation	<i>Spinner</i>		Where Residing if not at place of death <i>Mt Washington Md</i>		
Married, Single or Widowed	<i>single</i>	Name or Wife or Husband			
Father's Name	<i>Wm T. Akhurst</i>			Father's Birthplace	<i>Balto Co. Md.</i>
Mother's Maiden Name	<i>Maggie Naylor</i>			Mother's Birthplace	<i>Balto Co. Md.</i>
Name of person giving information	<i>Maggie Akhurst</i>			How related to deceased	<i>Mother</i>

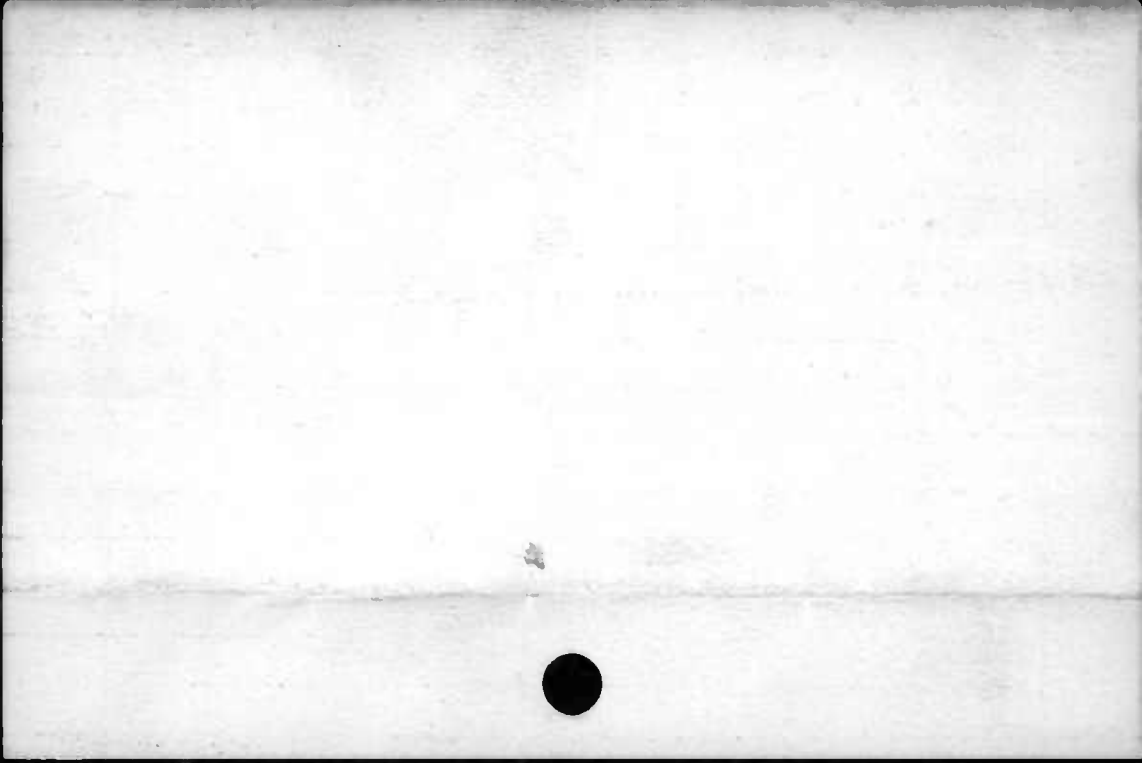
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>10 months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>M. J. Fair</i>
		Address	<i>12 E 25th St Baltimore Md.</i>
Accident or Suicide?	<i>—</i>		

Interment: Black Rock Cem
Buried to
Wm L Brooks

Name in Full <i>Sarah Ida Amos</i>		CERTIFICATE OF DEATH			
Died at <i>Freeland</i>		Town <i>Balto</i>		County	
Date of death <i>1906 June 1</i>		Month <i>June</i>		Day <i>1</i>	
Age <i>47</i>		Years <i>47</i>		Months <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Freeland</i>	
Occupation <i>house work</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Ed. Amos</i>		Father's Birthplace <i>Balto Co.</i>			
Mother's Maiden Name <i>Rose Ann Daugherty</i>		Mother's Birthplace <i>Tanna</i>			
Name of person giving information <i>Ed. Amos</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
Primary <i>Tuberculosis</i>		How long <i>6 mo.</i>			
Immediate <i>Hemorrhage</i>		How long <i>about 15 hrs</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jas L. Gash</i>			
		Address <i>Freeland</i>			
Accident or Suicide? <i>—</i>					



Name
in
Full

Alexander Anderson

CERTIFICATE OF DEATH

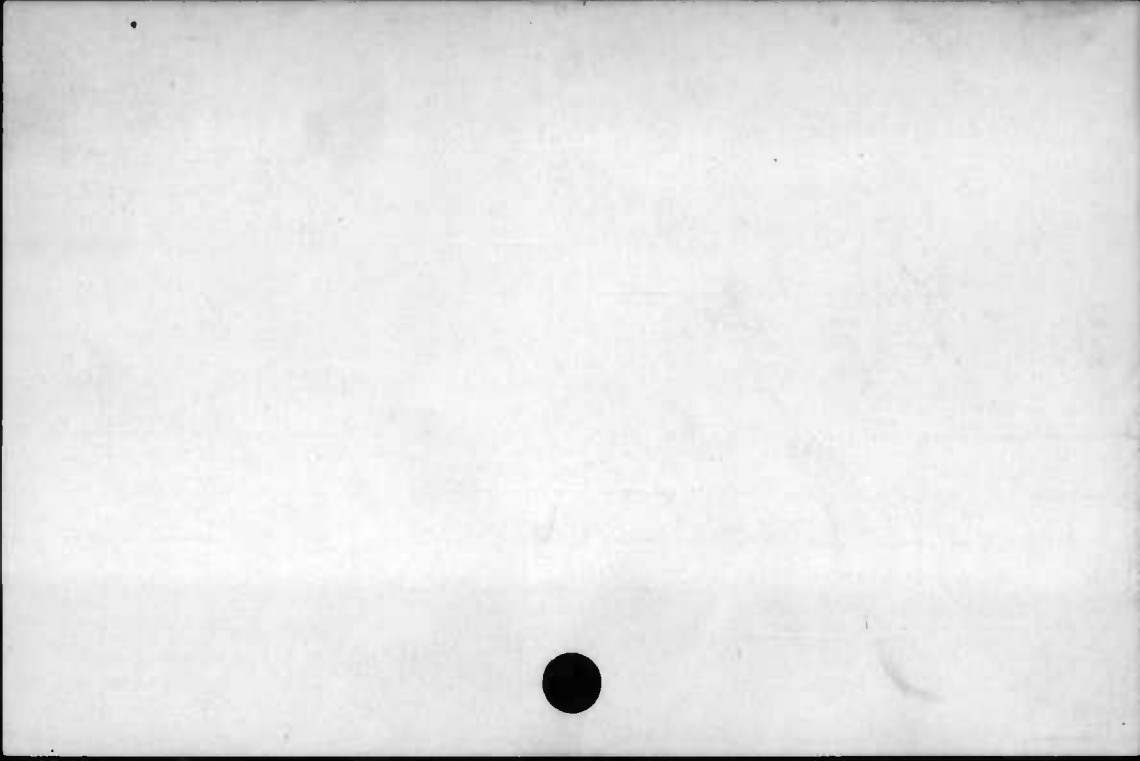
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Sparrows Point		^{County} Baltimore		MARYLAND	
Date of death	1906	Month	June	Day	10 th
Age		2		Months	2
Sex	male	Color or Race	colored	Birth-place	Sparrows Point
Occupation	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		John Anderson		Father's Birthplace	Va
Mother's Maiden Name		Harriet Matthews		Mother's Birthplace	md
Name of person giving information		John Anderson		How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mercasmus (151)	How long	1 year
Immediate	exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. C. McCormick M.D.
	no	Address	Sparrows Point md
Accident or Suicide?	no		



Name
is
Full

Eliza Jane Armacost

CERTIFICATE OF DEATH

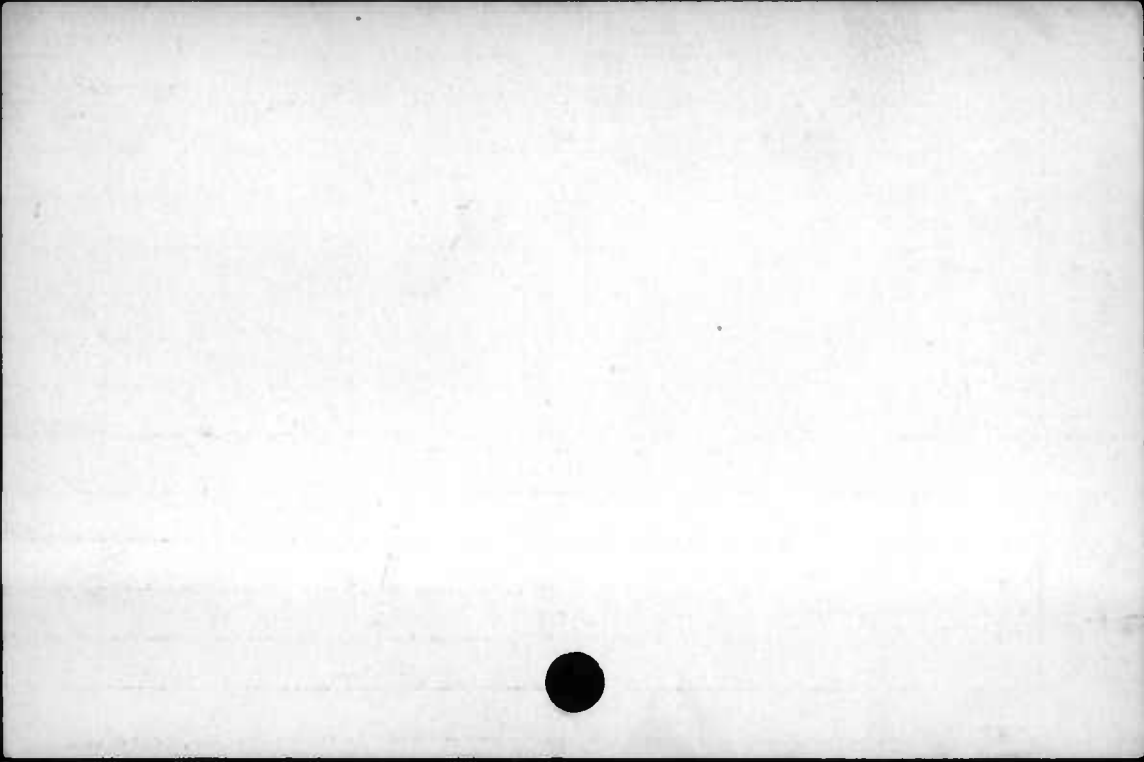
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Stefford</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	6	Month <i>June</i>	Day <i>1</i>	Age <i>43</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Parkton</i>
Married, Single or Widowed	<i>Married</i>			Occupation	<i>Housewife</i>		
Name of Wife or Husband	<i>Joshua H. Armacost</i>						
Father's Name	<i>William Miller</i>				Father's Birthplace	<i>Balto Co</i>	
Mother's Maiden Name	<i>Elizabeth Sampson</i>				Mother's Birthplace	<i>Balto Co.</i>	
Name of person giving In formation	<i>Joshua H. Armacost</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Uraemia</i>	How long	<i>Two weeks</i>
Immediata	<i>Paralysis</i>	How long	<i>4 to 5 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. B. Mitchell</i>
		Address	<i>Manhattan Ind.</i>
			<i>St. Louis</i>
Accident or Suicide?			



Name
in
Full

Fred H. Carl Arndt

CERTIFICATE OF DEATH

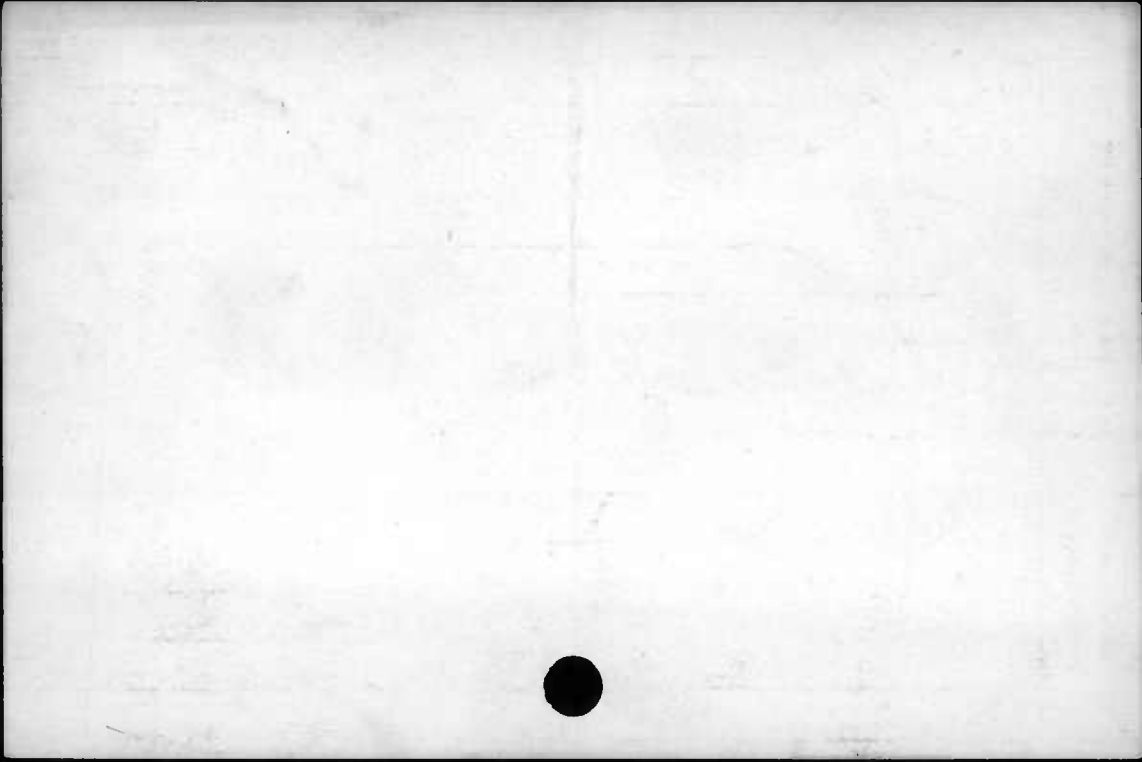
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	<i>June</i> ^{Month}	<i>24</i> ^{Day}	Age <u> </u> ^{Years}	<i>2</i> ^{Months}	<i>16</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Arlington</i>		
Occupation <u> </u>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <u> </u>				
Father's Name <i>John H. Arndt</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Margaret Ruppert</i>	Mother's Birthplace <i>Balto Co.</i>				
Name of person giving information <i>Margaret Arndt</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>Since birth</i>
Immediate <i>Inanition</i>	How long <i>About 4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>L. J. Frey M.D.</i>
	Address <i>7466 Euclid Hill Ave Baltimore</i>
Accident or Suicide? <u> </u>	



Name
in
Full

John Thomas Edward Badger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

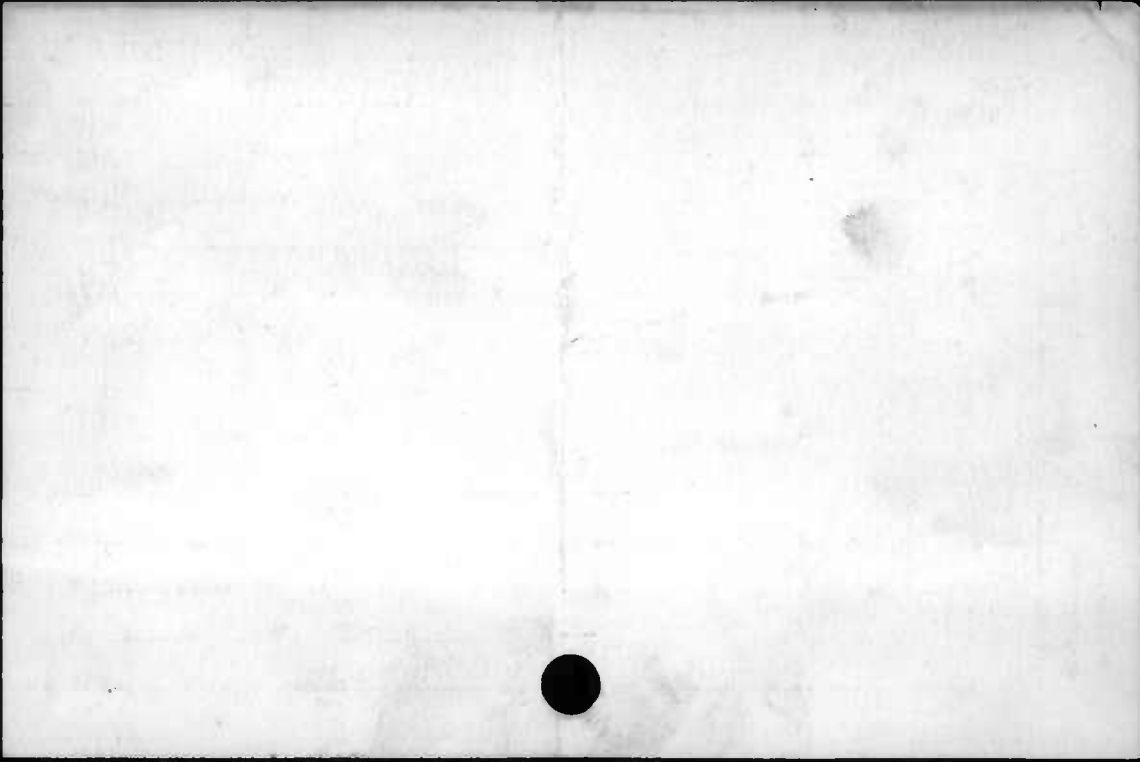
Died at <i>Gettings</i> ^{Town}		<i>Balto</i> ^{County} <i>Co.</i>		MARYLAND	
Date of death 1906	Month <i>June</i>	Day <i>29</i>	Age <i>71</i>	Months <i>6</i>	Days <i>29</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto. City</i>		
Married, Single or Widowed	<i>Married</i>		Occupation <i>Laborer</i>		
Name of Wife or Husband <i>Margaret Ann Badger</i>					
Father's Name <i>Frank Badger</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name Not <i>Not known</i>			Mother's Birthplace <i>not known</i>		
Name of person giving information <i>Georgia Ella Badger</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

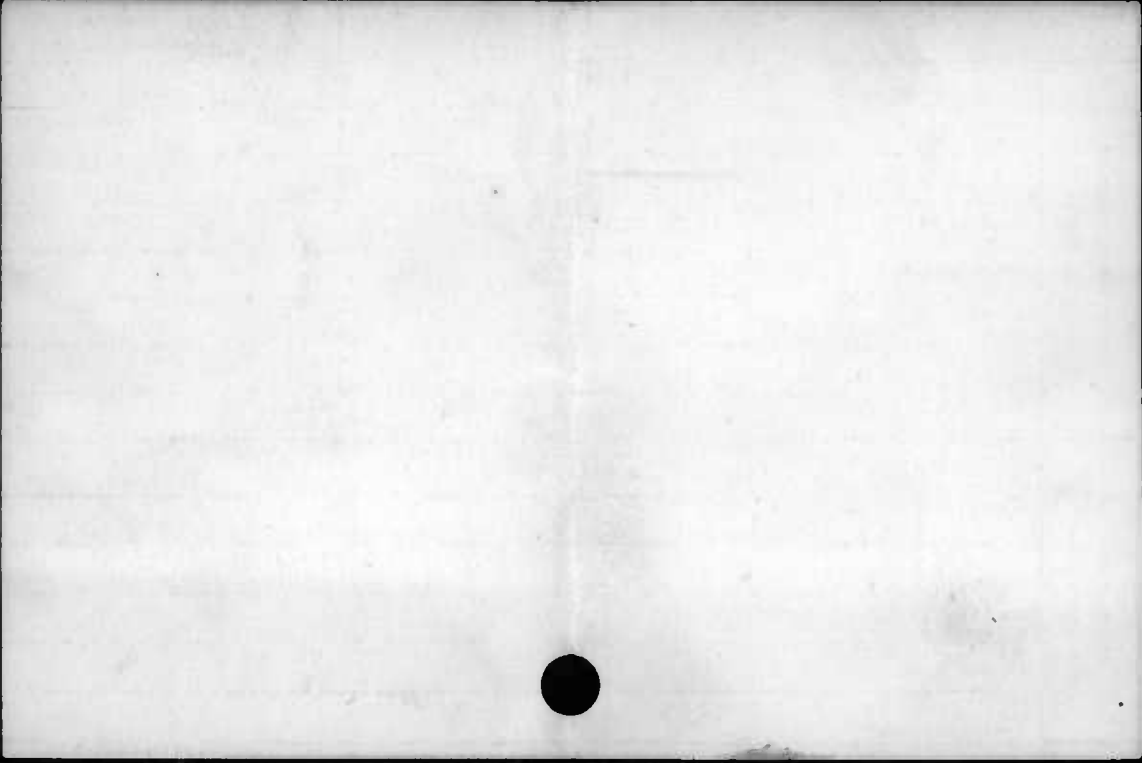
(79)

PHYSICIAN
OR CORONER

Primary <i>Heart + Kidney disease</i>	How long <i>more than a year</i>
Immediate <i>Paralysis</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>John A. [Signature]</i>
	Address <i>Gettings</i>
Accident or Suicide? <i>—</i>	



Name in Full		Francis A. Baker				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND							
		Died at		Bulto									
		Date of death	1906	Month	6	Day	23	Age	5-6	Months	0	Days	11
		Sex	Female	Color or Race	White	Birth-place	Hereford. Ind.						
		Married, Single or Widowed	Married	Occupation	Housewife								
		Name of Wife or Husband	Absalom Baker										
		Father's Name	Conrad Turnbaugh				Father's Birthplace	Hereford Md					
Mother's Maiden Name	Eliza Cooper				Mother's Birthplace	Parkton Md							
Name of person giving information	Garret Baker				How related to deceased	Son							
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary	Locomotor Ataxia, & Acitis				How long	About 18 months					
		Immediate	Heart Failure				How long	24 hrs.					
		Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Dr D. M. Kesh					
							Address	Bethlehemville, Ind.					
		Accident or Suicide?											



Name
in
Full

Peter Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Tanner* Town

Baltimore County

Date of death *1906*

Month *Jan*

Day *20*

Age *99* Years

Months *5*

Days *15*

Sex *Male*

Color or Race *White*

Birth-place

Occupation *Labour*

Where Residing if not at place of death

Balti. 60 and Tanner

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

John Baker

How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

How long

3 years

Immediate

Paralysis

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*Dr. E. Benson
Fiskysville
Md*

Accident or Suicide?

Interment at Poplar
Cemetery June 22nd

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Bean Dam*County *Baltimore*Date of death *1906* *June* *19*Age *1*Months *9* DaysSex *Male*Color or Race *White*Birth-place *Bean Dam*Occupation *—*

Where Residing if not at place of death

Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Jas Barron*Father's Birthplace *Ashland Md*Mother's Maiden Name *Ellen A. Forland*Mother's Birthplace *Warren*Name of person giving information *Wm. J. Barron*How related to deceased *Uncle*

CAUSES OF DEATH

Primary *Wrenching Cough, Malaria, Pneumonia*Immediate *Convulsions*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*B. F. Boney M.D.
Texas, Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Harris the Carolina Bartell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Owings Mills</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>27</i>	Age <i>75</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Frd. Wm Bartell -</i>				
Father's Name <i>—</i>			Father's Birthplace		
Mother's Maiden Name <i>—</i>			Mother's Birthplace		
Name of person giving information <i>Louis Bartell -</i>			How related to deceased <i>Son -</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Brights -</i>	How long <i>Serial med.</i>
Immediate <i>Heart Failure</i>	How long <i>1 hour -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>	Signature of Physician <i>Henry A. Naylor</i>
	Address <i>Pikesville</i>
Accident or Suicide? <i>yes</i>	<i>med.</i>



Name
in
Full

Richard Benedict

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gray's</u> ^{Town} <u>Baltimore</u> ^{County} <u></u>		MARYLAND	
Date of death 1906	Month <u>June</u>	Day <u>3</u>	Years <u>22</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>	Months <u></u> Days <u></u>
Married, Single or Widowed <u>single</u>		Occupation <u>Labor</u>	
Name of Wife or Husband <u></u>			
Father's Name <u>August Benedict</u>		Father's Birthplace <u>Germany</u>	
Mother's Maiden Name <u>Maria Benedict</u>		Mother's Birthplace <u>dx</u>	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Contact with live wire</u>	How long	<u>four seconds</u>
Immediate	<u>Shock</u>	How long	<u>3 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. C. Stokes MD</u>	
		Address <u>F. G. L. City</u>	
Accident or Suicide? <u></u>			



Name
is
Full

Mary Elizabeth Bosley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month 6	Day 4	Age	Years 71	Months 3	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Balto. Co.</i>
Occupation	<i>—</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>		Name of Wife Husband	<i>Charles Bosley</i>			
Father's Name	<i>Harriel Freiland</i>				Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Mary (Cross) Freiland</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Agquilla Bosley</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholelithiasis</i>	How long	<i>Two weeks</i>
Immediate	<i>Shock (Heart Collapse)</i>	How long	<i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. Burdett Shriver</i>
		Address	<i>Ridley Ind</i>
Accident or Suicide?			

Prospect Hill Cemetery
Towson

Henry W. Means M. Dons

Name

in
Full

CERTIFICATE OF DEATH

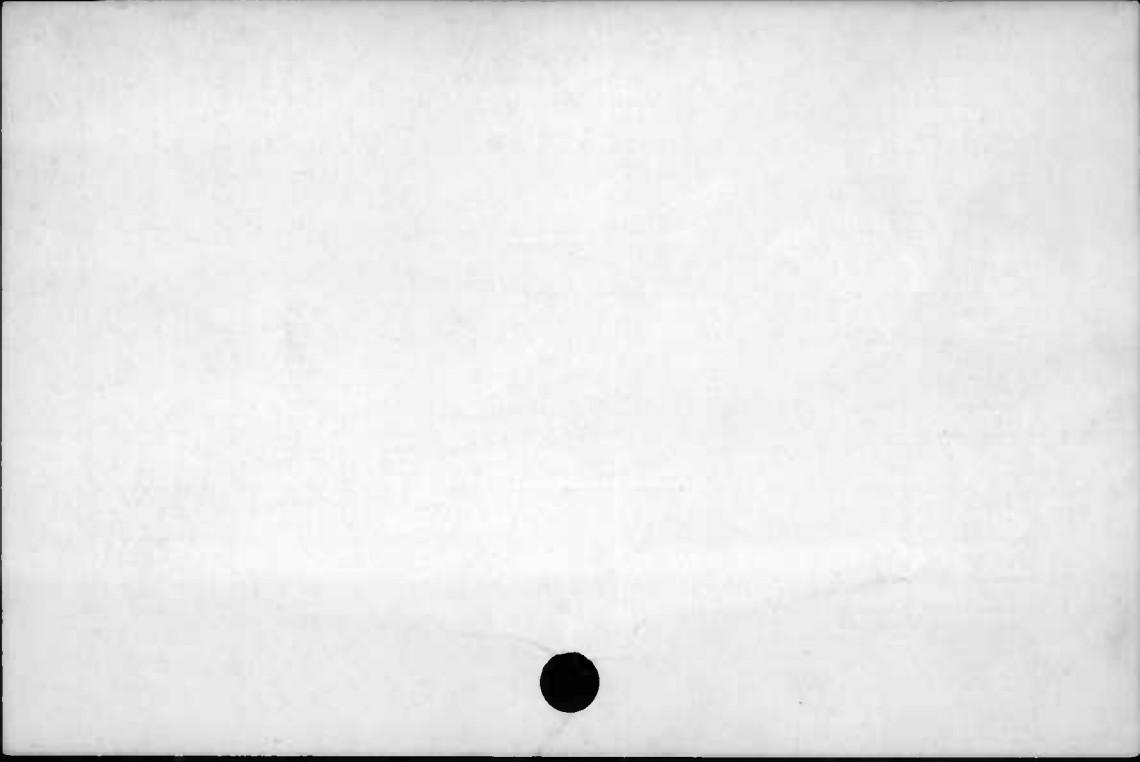
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bradshaw		County Baltimore		MARYLAND	
Date of death	1906	Month 6	Day 21	Age 76	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Maryland
Occupation	Riddeler			Where Residing if not at place of death			
Married, Single or Widowed	✓		Name of Wife or Husband				
Father's Name	✓					Father's Birthplace	✓
Mother's Maiden Name	✓					Mother's Birthplace	✓
Name of person giving In formation	Wm T Shaffer					How related to deceased	Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	2 weeks
Immediate	Heart Failure	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	J F H Gorman		
Address	JFK		
Accident or Suicide?	No		



Name
in
Full

CERTIFICATE OF DEATH

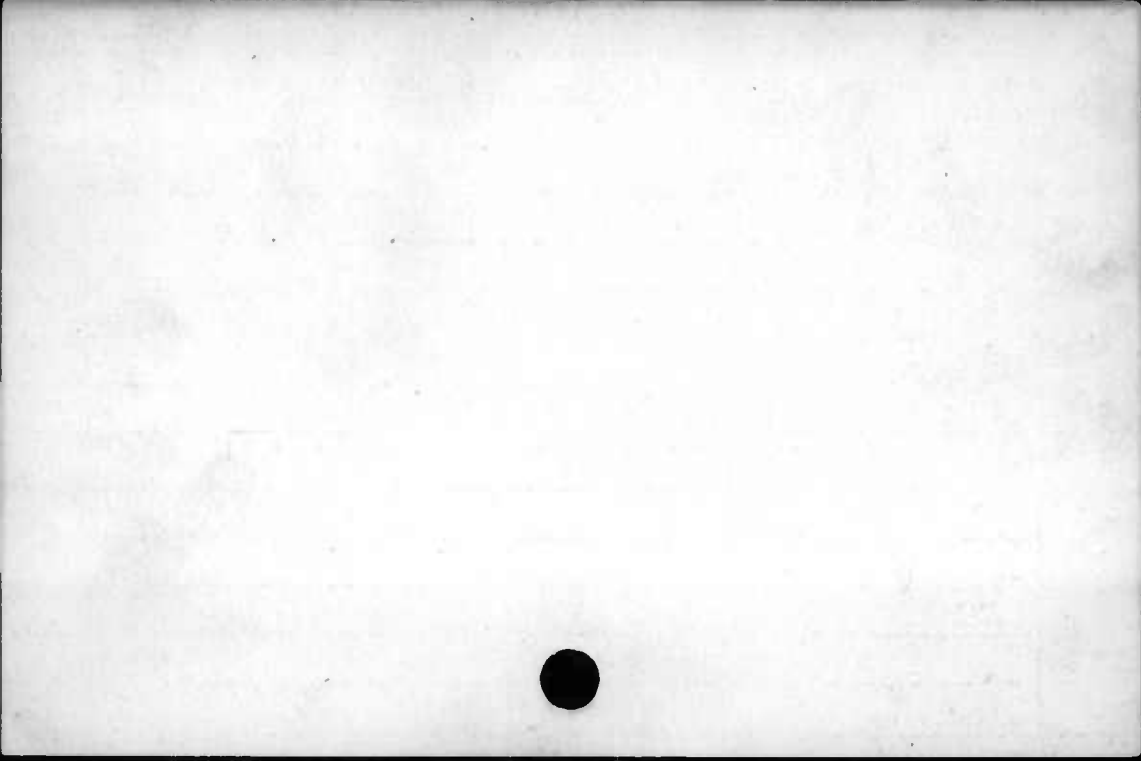
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>June</i>	Day <i>11</i>	Age <i>25</i>	Years <i>10</i>	Months <i>3</i>	Days
Sex <i>Male</i>	Color or Race <i>Blk</i>		Birth-place <i>Baltimore Md</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Pikesville (Sever)</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Truman Bouyer</i>	Father's Birthplace <i>Locheyville Md</i>						
Mother's Maiden Name <i>Christina Fry</i>	Mother's Birthplace <i>Dover Valley Md</i>						
Name of person giving information <i>Christina Fry</i>	How related to deceased <i>mother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 mos</i>
Immediate <i>Heart failure, Kidney trouble</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr M Chappell</i>
	Address <i>1354 N. Hillman St</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Mary Ventter

Town

County

Died at Inverdale

Boats

MARYLAND

Date 1906 6 14

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

6

14

Age

17

-

-

Maryland

India Home

Male

Male

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

John Butler

Mother's Name

Jane Butler

Cause of

Primary

Myelitis Paraplegia

How long sick

4 months

Death

Immediate

Asthenia

(63)

Accident, Suicide, Homicide

Reported by

W. W. Wanser M.D.

Address

1220 E. Fayette St. Boats M.D.

Must be signed by physician, if any in attendance, otherwise by coroner undertaker or minister.

Ellicott City - Md
June 15 - 1906

A S Marshall

35-39 Falls Road

Name
in
Full

Michael Cavanaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sparrows Pt</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1906	Month	June	Day	23
Age		40		Years	
Sex	Male	Color or Race	White	Birth-place	Ireland
Occupation	Laborer		Where Residing if not at place of death <u>Sparrows Pt</u>		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name				Father's Birthplace	Ireland
Mother's Maiden Name				Mother's Birthplace	"
Name of person giving information	Capt. Phil Pfaff			How related to deceased	None

CAUSES OF DEATH

166

Primary	Accidental death by	How long	
Immediate	being struck by car	How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P.A. Dunningan
293 Foom Pt
Coroner

Accident or suicide?

Accident



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marshall Blaggett</i>		County <i>Balto</i>		MAYLAND	
Date of death <i>1906 June 16</i>		Age <i>46</i>		Months	Days
Sex <i>male</i>	Color or Race <i>colored</i>	Birth-place <i>Ba</i>			
Occupation <i>Butcher</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Fannie R Blaggett</i>				
Father's Name <i>Daniel Blaggett</i>	Father's Birthplace <i>Ba</i>				
Mother's Maiden Name <i>Caroline Tyler</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Carrie Scott</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Don't know</i>
Immediate <i>Heart Failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. R. R. R.</i>
	Address <i>Hyndam</i>
Accident or Suicide?	



Name
in
Full

Walter L Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Harford Road & Aikens Ave. ^{County} BaltoDate of death 1906 ^{Month} June ^{Day} 11 ^{Years} Age 30 ^{Months} 3 ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} BaltimoreOccupation Merchant ^{Where Residing if not at place of death}Married, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name Alexander Cole

Father's Birthplace Verginena

Mother's Maiden Name Catherine Green

Mother's Birthplace Baltimore

Name of person giving information Catherine Cole

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

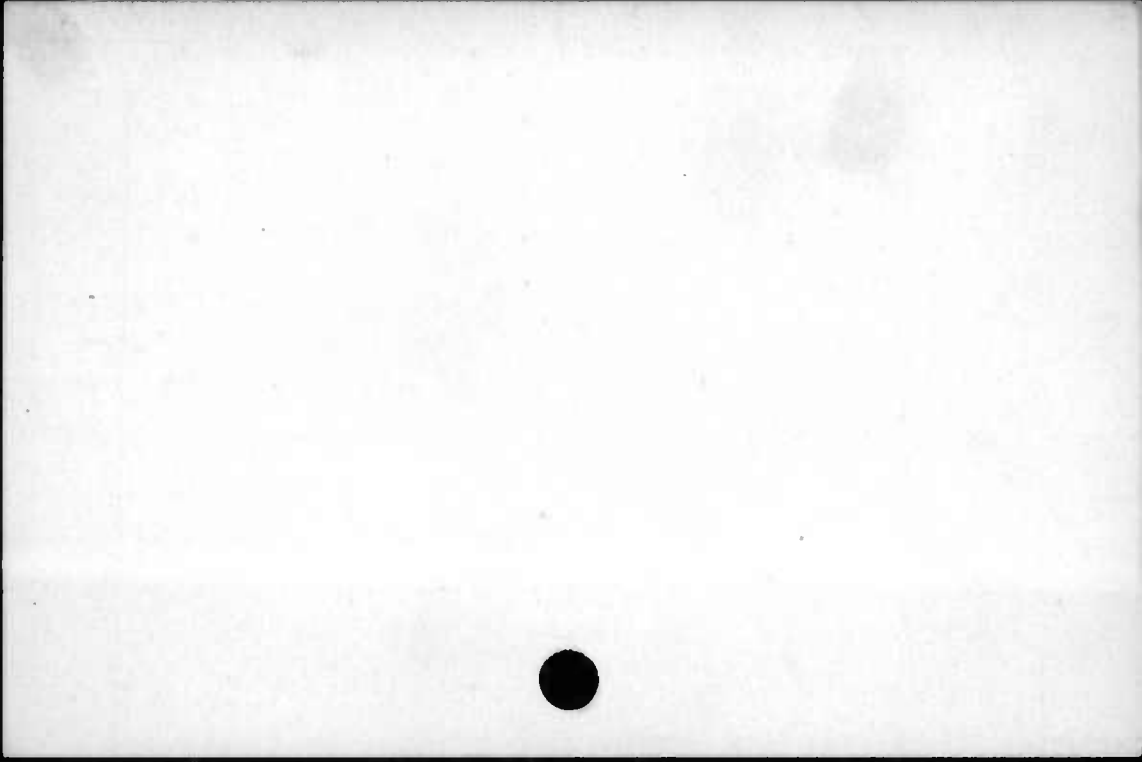
Accident or Suicide?

PHYSICIAN
OR CORONER

Pulmonary Tuberculosis

Dr. E. W. Delcher

2250 E. Hoffman St.
Balto



Name
in
Full

CERTIFICATE OF DEATH

Norman Corpe

Died at Chase TownCounty Dalls

MARYLAND

Date of death 1906 Month JuneDay 3Age 5 Years

Months

Days

Sex MaleColor or
RaceColoredBirth-
placemd

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameWilliam CorpeFather's
BirthplacemdMother's
Maiden NameMother's
BirthplaceName of person giving
Information-How related
to deceased

CAUSES OF DEATH

Primary

fr family heart disease

How long

4 mos

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

B. V. Mace
Rockville
md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Rd</i> Town <i>Crook</i> County <i>Baldie</i>		MARYLAND	
Date of death 1906	Month <i>June</i>	Day <i>5</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Ind</i>	
Married, Single or Widowed <i>Single</i>	Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>			
Father's Name <i>James H Crook</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Nellie M. Senan</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>James Crook</i>		How related to deceased <i>father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>1 mo.</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. S. M. Keffer</i>
	Address <i>Grinnell Pk Ind.</i>
Accident or Suicide?	

Dill -

Western Cemetery

Ph. J. Dillson

Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death 190		Month	Day	Age	Years	Months
	Sex		Color or Race		Birth-place		Days
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
	Accident or Suicide?						



Name
in
Full

Elsie Marie Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Lansdowne*^{County} *Baltimore*Date of death 1906 ^{Month} *June*^{Day} *16*^{Years} *2*^{Months} *7*Sex *female*Color or Race *white*Birthplace *New York*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Joseph R. Davis*Father's Birthplace *Virginia*Mother's Maiden Name *Cora E. Bookman*Mother's Birthplace *Balt. Md*Name of person giving information *Cora E. Davis*How related to deceased *Mother*

CAUSES OF DEATH

Primary *Enteric - Colitis*
Immediate *Exhaustion**(106)*How long *7 days*
How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Frank H. Ruhl*Address *Lansdowne, Md.*

Accident or Suicide?

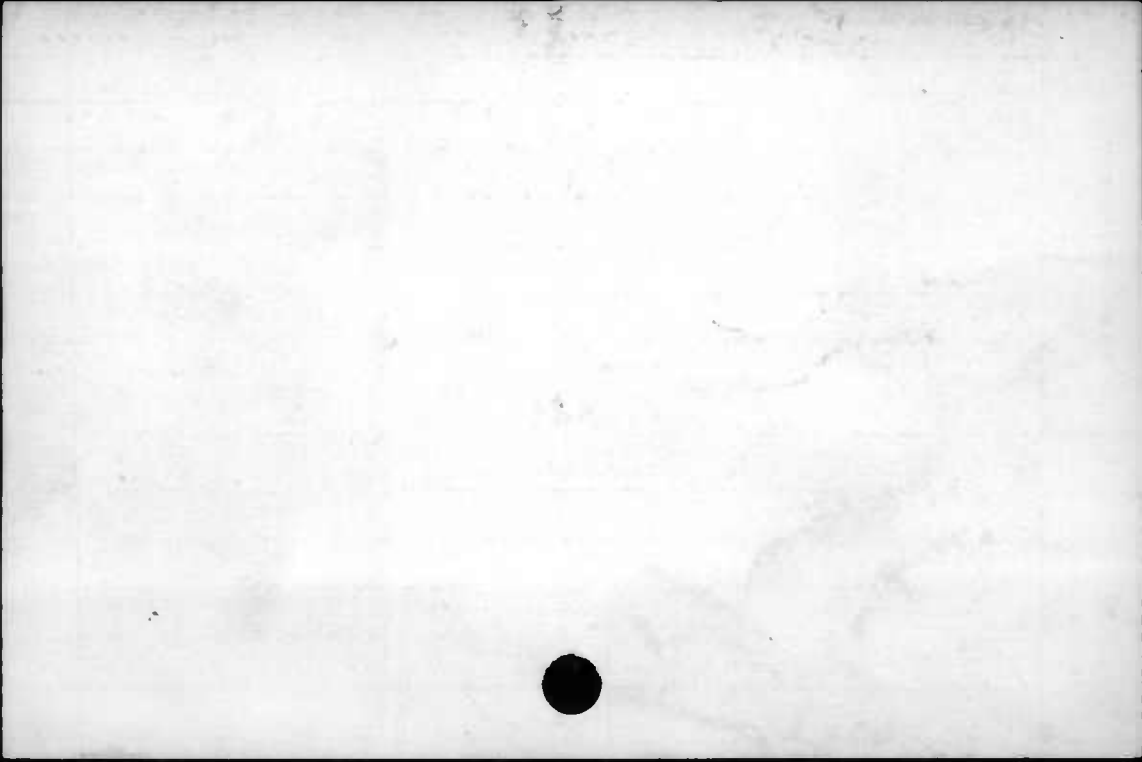
PHYSICIAN
OR CORONER

Armistead Marshal
St Marys Belt Co.

Name in Full		Herrman DE Witt.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hamilton		Baltimore		MARYLAND		
	Date of death	1906	Month 6	Day 21	Age 55	Months 8	Days 23	
	Sex	Male		Color or Race	White		Birth-place	Germany
	Occupation	Retired		Where Residing if not at place of death		—		
	Married, Single or Widowed	Married		Name of Wife or Husband		Louise M. De Witt.		
	Father's Name	— Dr. Witt		Father's Birthplace		Germany		
	Mother's Maiden Name	Not known.		Mother's Birthplace		Germany		
Name of person giving information	Louise M. De Witt.		How related to deceased		Wife			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Heart Disease		How long	5 years.			
	Immediate	Dropped Dead.		How long	—			
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Walter H. Vinal.			
	Address	Hamilton		Md.				
Accident? <input checked="" type="checkbox"/>								



Name in Full		FREDERICK DILLER				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Gardenwith</i>		Town <i>Balto. Co</i>		County		MARYLAND	
	Date of death <i>1906</i>	Month <i>June</i>	Day <i>30.</i>	Age <i>—</i>	Years	Months <i>8</i>		Days
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Belair Road</i>			
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
	Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
	Father's Name <i>George Diller</i>				Father's Birthplace <i>German</i>			
	Mother's Maiden Name <i>Kate Gruttsche</i>				Mother's Birthplace <i>Balto. Md</i>			
Name of person giving information <i>George Diller</i>				How related to deceased <i>father</i>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Cholera Infantum</i>		(105)		How long <i>2 days</i>			
	Immediate <i>Intestinal spasms</i>				How long <i>6 hours</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Lebold M.D.</i>					
			Address <i>11001 Linquith St.</i>					
	Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

John Boetsch Jr.
Browned in Middle River *Balto*

Date of death *1906* Month *June* Day *10th* Age *22* Years Months *6* Days *8*

Sex *Male* Color or Race *White* Birth-place *Balto City*

Occupation *Blacksmith* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John Boetsch Jr.* Father's Birthplace *Germany*

Mother's Maiden Name *Sophia Bodenschütz* Mother's Birthplace *Germany*

Name of person giving information *John Boetsch* How related to deceased *Brother*

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

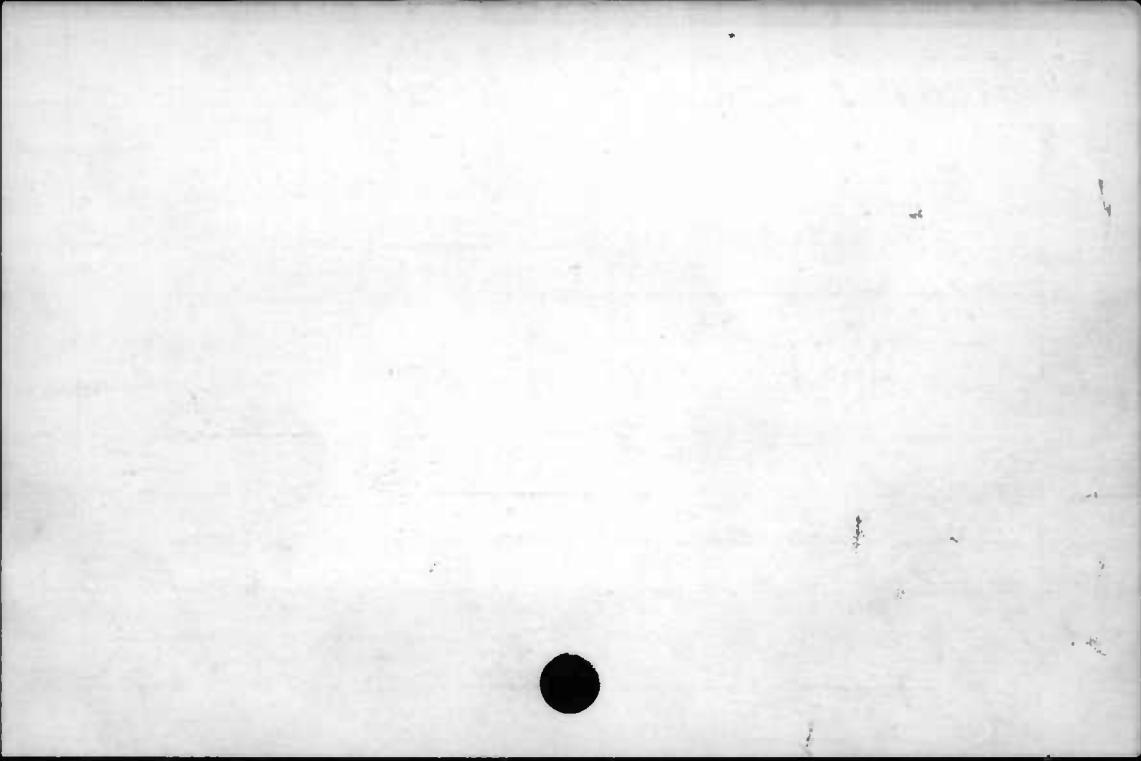
Primary *Accidental Drowning* How long

Immediate *Coroner* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *James F. Gibson*

Address *Chase Balto Co Md*

Accident or suicide? *accidental*



Name
in
Full

Elizabeth M. Downs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Highlandtown</u>		County <u>Baltimore</u>		MARYLAND	
Date of death		Month <u>June</u>	Day <u>23</u>	Age	Years <u>42</u>	Months <u>8</u>	Days <u>2</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore City</u>			
Occupation <u>Housewife</u>				Where Residing if not at place of death <u>11. Fair Ave.</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Harry Downs</u>					
Father's Name <u>Chas. Reese</u>		Father's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>Annie Hick</u>		Mother's Birthplace <u>Germany</u>					
Name of person giving information <u>Chas. Downs</u>		How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	How long	<u>two months</u>
Immediate	<u>Exhaustion</u>	How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>O. L. Long</u>	
		Address <u>2429 Fair Ave</u>	
		<u>Baltimore Md.</u>	
Accident or Suicide? <u></u>			

Wm S. Fry and
Mt. Christ Church

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Winans</i>		<i>Baths</i>		TOWN		COUNTY		MARYLAND	
Date of death <i>June 25 1907</i>	Month <i>June</i>	Day <i>25</i>	Age <i>28</i>	Years	Months	Days			
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Md.</i>						
Occupation			Where Residing if not at place of death <i>Mt Winans</i>						
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband						
Father's Name <i>Ecl. Lf Echo</i>			Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Mary E. Wood</i>			Mother's Birthplace <i>Va</i>						
Name of person giving information <i>Ecl Lf Echo</i>			How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>One year</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. L. Linnaphkin</i>	
		Address <i>653 Columbia Ave.</i>	
Accident or Suicide?			

William J. Tucker & Sons

London Park,

Name
in
Full

Charles Edmondson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small>	<i>June</i> <small>Day</small>	<i>11</i> <small>Years</small>	<i>33</i> <small>Months</small>	<i>6</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore Md</i>
Occupation	<i>Labourer</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband <i>_____</i>			
Father's Name	<i>Charles Edmondson</i>			Father's Birthplace	<i>N.C.</i>
Mother's Maiden Name	<i>Susan Gill</i>			Mother's Birthplace	<i>Ireland</i>
Name of person giving information	<i>Hellie Don</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>One week</i>
Immediate	<i>Exhaustion</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Geo. R. Egan</i>
	<i>120</i>	Address	<i>3rd - Long, Highlandtown Md</i>
Accident or Suicide?			

St. Patrick's Cemetery

June 14th 1906

Germanus France

Under the

Name in Full		Mamie E Edmondston				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Dickeyville</i>		Town <i>Balto</i>		County		MARYLAND
	Date of death	<i>1906</i>	Month <i>June</i>	Day <i>26</i>	Age	Years <i>26</i>	Months <i>4</i> Days <i>5</i>
	Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place <i>Ind.</i>
	Occupation	<i>Housework</i>			Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Alvin B Edmondston</i>		
	Father's Name	<i>Daniel J Lloyd</i>				Father's Birthplace	<i>Ind</i>
	Mother's Maiden Name	<i>Louise J Buell</i>				Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Alvin B Edmondston</i>				How related to deceased	<i>Husband</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Mitral Regurgitation</i>				How long	<i>15 months</i>
	Immediate	<i>Congestion of Lungs</i>				How long	<i>5 days</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
	<i>yes</i>		<i>A. C. Smith</i>		<i>Woodlawn St. Ind</i>		
Accident or Suicide?		<i>—</i>					

Joseph B Cook
1003 W Baltimore St.
Ridge Cemetery
June 29 1906.

Name
in
Full

anna B. Emmenrich

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Westport

Baltimore

Date

Month

Day

Years

Months

Days

of death 1906

6

12

Age

33

9

4

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

August Emmenrich

Father's
Name

Samuel B. M. Anscott

Father's
Birthplace

Ind

Mother's

Maiden Name

anna B. Anscott

Mother's

Birthplace

Ind

Name of person giving
In formation

August Emmenrich

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Erysipelas in face

18

How long

5 day

Immediate

Congestion of lungs

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

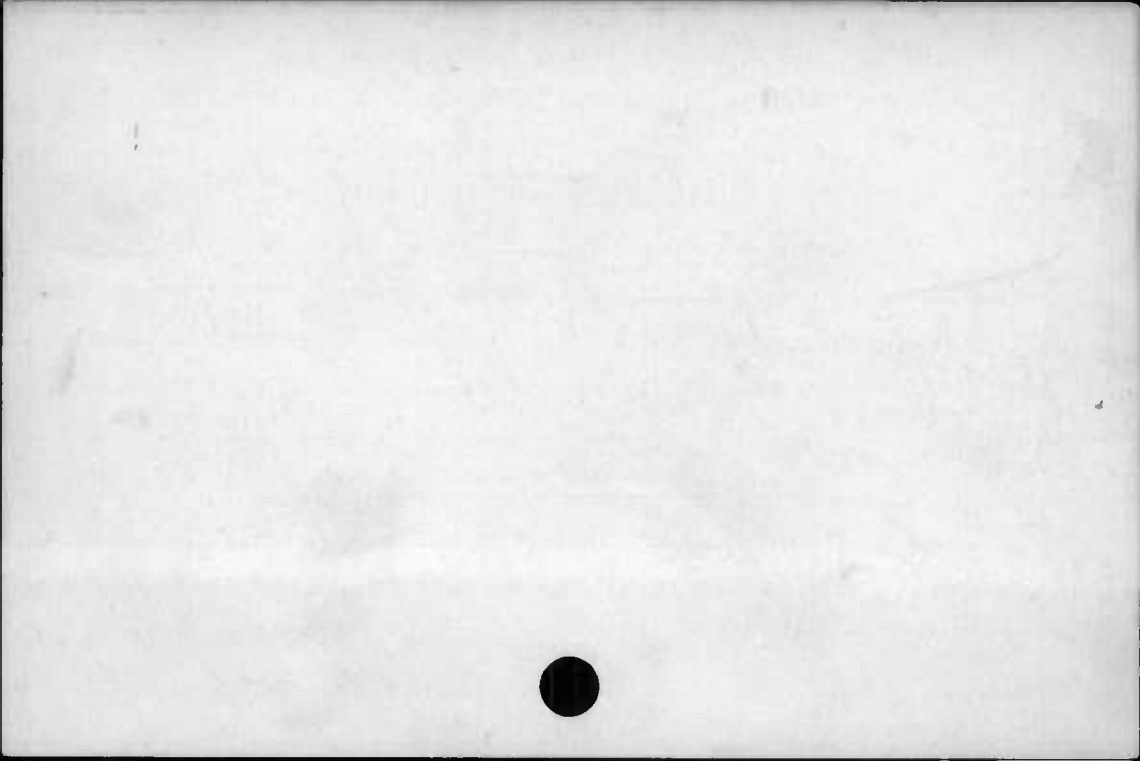
Address

J. B. Hall

Mt Vernon

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emma Elsie Ensor


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glenview</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>8</u>	Years <u>53</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation <u>Domestic</u>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <u>Wm H Ensor</u>			
Father's Name <u>Joshua Robinson</u>			Father's Birthplace <u>Harford Co</u>		
Mother's Maiden Name <u>Dorcas Robinson</u>			Mother's Birthplace		
Name of person giving information <u>Guy Ensor</u>			How related to deceased <u>Step son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid fever</u> ? 	How long	<u>10 days</u>
Immediate	<u>Dilation of right heart</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>R. W. Shumantine</u>	
		Address <u>Glenview Ind.</u>	
Accident or Suicide?			

Interment Black
Rock Cemetery
Monday June 11th

M. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

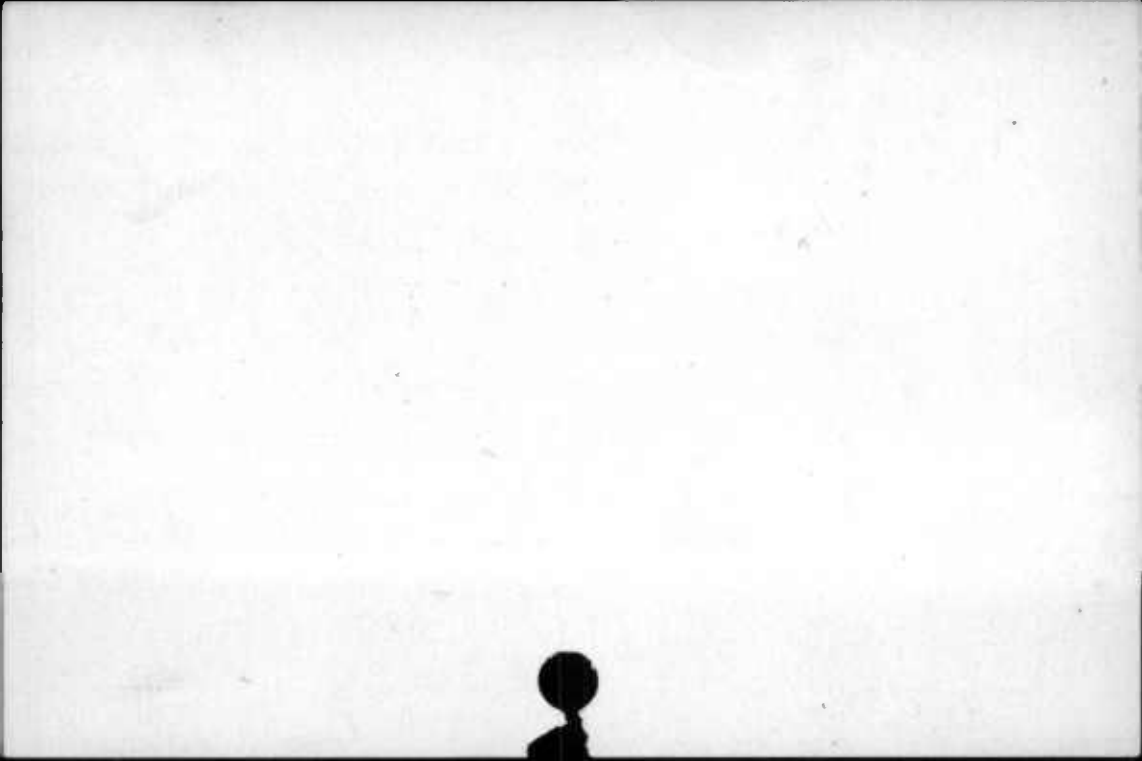
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John W. Fantom</i>		Town <i>Evan's Chapel Road</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Evan's Chapel Road</i>		Date of death <i>1906</i>		Month <i>June</i>		Day <i>21</i>	
Age <i>57</i>		Years <i>7</i>		Months <i>17</i>		Days <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>P. R. Engineer</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband _____					
Father's Name <i>Nathan Fantom</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>May Cole</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Emma Fantom</i>		How related to deceased <i>(20)</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis of indefinite</i>	How long
Immediate <i>Uraemia slowly & gradually increasing</i>	How long <i>30 Days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. R. B. Normont</i>
	Address <i>3543 Chestnut Ave Balto.</i>
Accident or Suicide?	



Name

in
Full

James, Pierce Fenner

CERTIFICATE OF DEATH

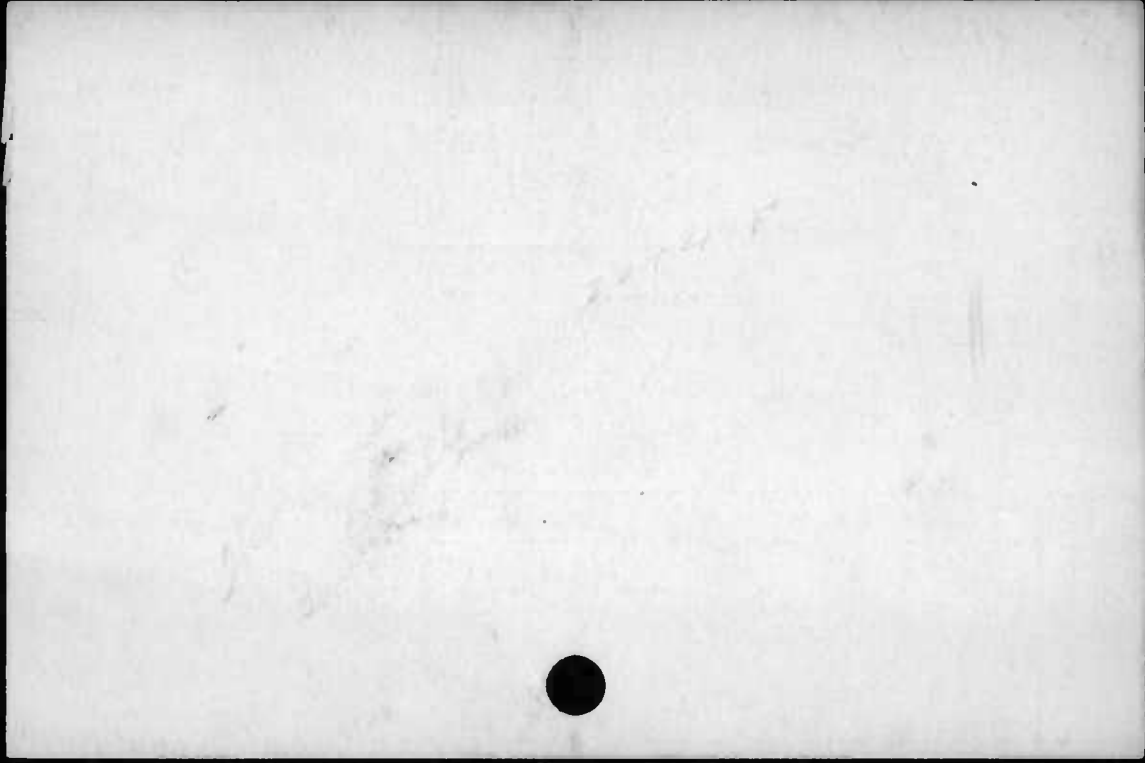
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Overlea</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>13th</i>	Years <i>1 year 2 months</i>	Months <i>one</i>	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore Md.</i>	
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John. H. Fenner</i>			Father's Birthplace <i>Balt^o Md.</i>		
Mother's Maiden Name <i>Lydia Fenner</i>			Mother's Birthplace <i>Balt^o Md.</i>		
Name of person giving information <i>John H. Fenner</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>ill developed, cachectic</i>	How long <i>since birth</i>
Immediate <i>Enteric - Colitis</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Th. H. Heldrich</i>
	Address <i>2151 W. Thacker for Baltimore, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Foster

Died at *Belair Park, Baltimore* County *Baltimore* MARYLAND

Date of death *1906* Month *June* Day *14* Age *29 - (and to be)* Years Months Days

Sex *M* Color or Race *Colored* Birth-place *?*

Occupation *Labourer* Where Residing if not at place of death *829 Southally*

Married, *Yes* Name of Wife or Husband *?*

Father's Name *?* Father's Birthplace *?*

Mother's Maiden Name *?* Mother's Birthplace *?*

Name of person giving information *Dr. Cassidy - obtained from employees & companions* How related to deceased *?*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Probable Myocarditis* How long? *?*

Immediate *Paralyzed Heart - Cause* How long? *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Nancy J. Cassidy M.D.*

Address *1414 Highland Road*

Belair Park, Md

Accident or Suicide? *No*

Fisher died suddenly on the street
at Roland Park immediately following
a heavy lift (pieces). All information
obtained was from his companions
employer, a "newsman".

Henry F. Canning

Robt A. Elliott
Laurel County City

Name
In
Full

Child of Cha Flander.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> - <i>Ball</i> County		MARYLAND	
Date of death 1906	Month <i>Jan</i>	Day <i>18</i>	Age <i>18</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Arlington</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>Arlington</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Chas Flander</i>	Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Indie Knott</i>	Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Chas Flander</i>	How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

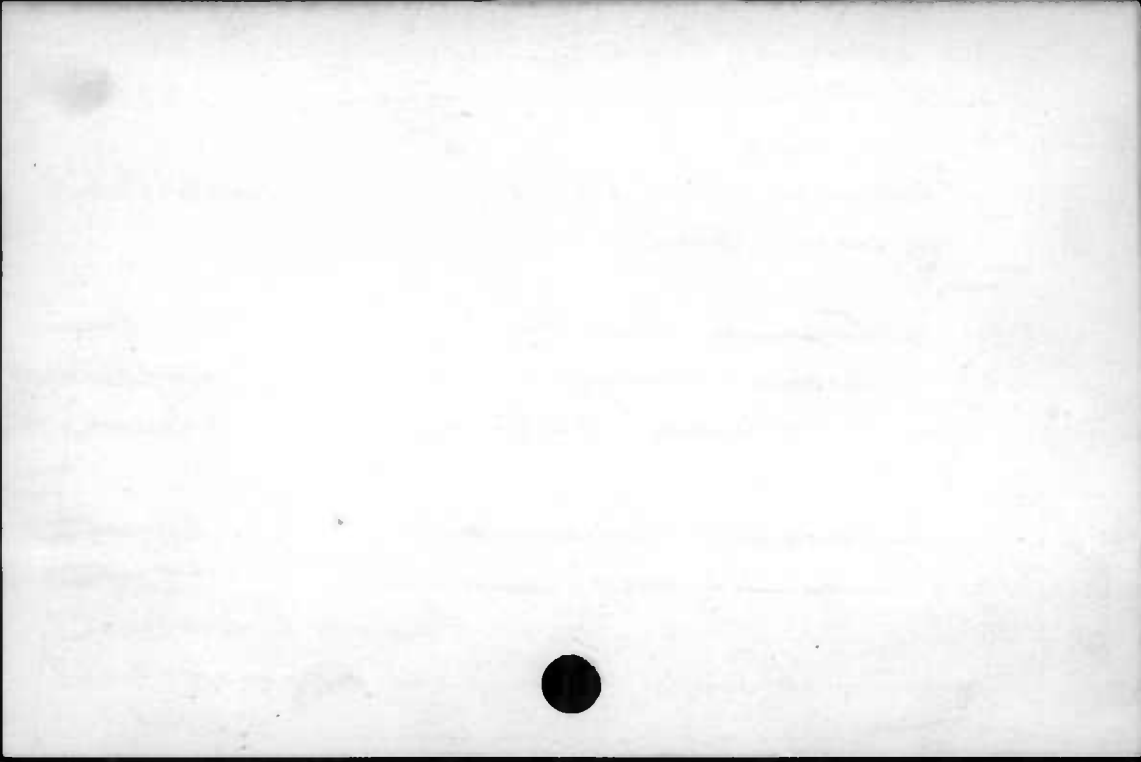
Primary <i>Died in Uterus</i>	How long <i>1 month before birth</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Cox</i>
	Address <i>Arlington</i>
Accident or Suicide? <i>—</i>	<i>Ind.</i>

Louden Park Am.

Henwig & Son

6/18/66

Name in Full		MICHAEL J. FORD				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Baltimore		County Baltimore		MARYLAND	
	Date of death	1906	Month June	Day 17	Age 21	Months	Days
	Sex	Male		Color or Race	White		
	Occupation	Short Cutter		Where Residing if not at place of death	112 Scott St		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Thomas J. Ford		Father's Birthplace	Baltimore		
	Mother's Maiden Name	Mrs. Thomas Ford		Mother's Birthplace	Baltimore		
	Name of person giving Information	John J. Ford		How related to deceased	Brother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(172)</div>							
PHYSICIAN OR CORONER	Primary	Accidental Browning					
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?	<div style="display: flex; justify-content: space-between;"> <div>Signature of Physician</div> <div>Coroner J. F. Gibson</div> </div>					
		Address Phase					
	Accident or Suicide?	Accident					



Name
in
Full

Emma Frisby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

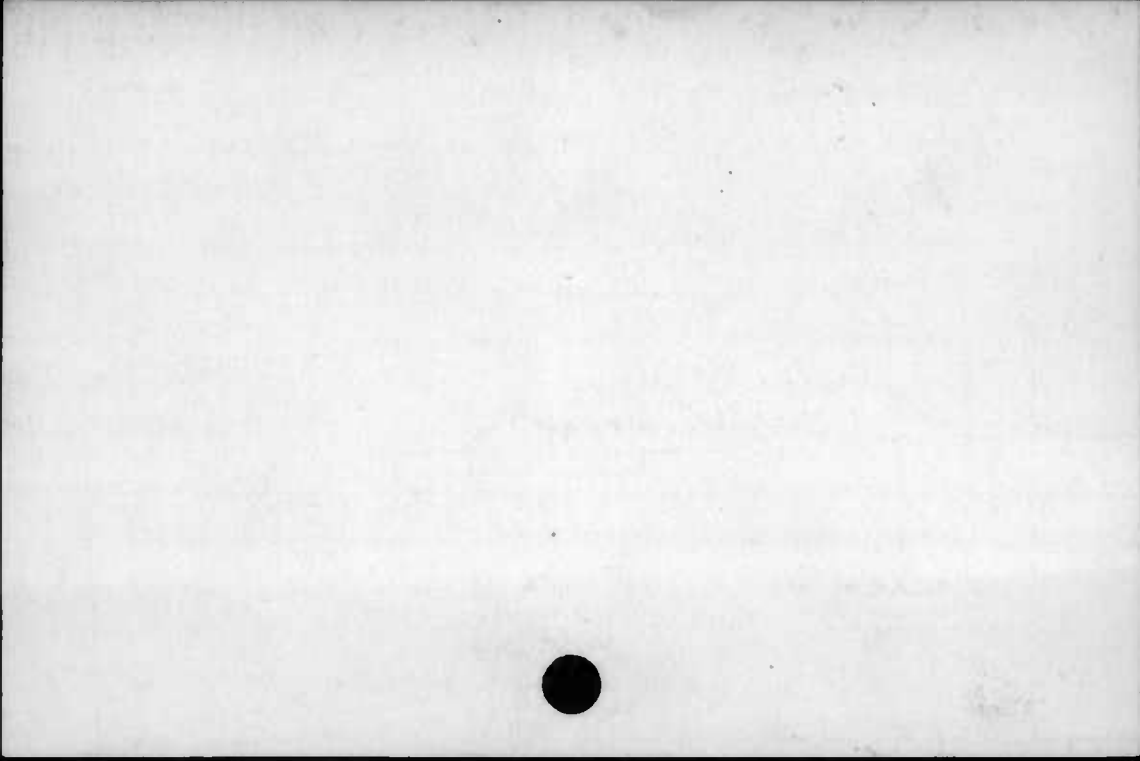
Died at		North Point Road		Baltimore		County		MARYLAND	
Date of death	1906	Month	June	Day	1	Age	12	Years	Months
Sex	Female		Color or Race	Negro		Birth-place	North Point		
Occupation	School Girl		Where Residing If not at place of death						
Married, Single or Widowed		Name of Wife or Husband							
Father's Name	Stephen Frisby					Father's Birthplace	Don't know		
Mother's Maiden Name	Susie Thomas					Mother's Birthplace	Polapses Neck		
Name of person giving information	Edmund Bedford					How related to deceased	Friend		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	Preliminary Tuberculosis	How long	1 Month
Immediate	Preliminary Tuberculosis	How long	1 Month
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Frank C. Elwood	
Address		Spencer Point	
Accident or Suicide?		No	



Name
in
Full

Mary Belle Garrett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Govanistown		County Baltimore		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death	1906	June	9	18	3	25	Ind
Sex	Female		Color or Race	colored		Birth- place	Govanistown
Occupation	None with mother			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	George Garrett					Father's Birthplace	Balti Co
Mother's Maiden Name	Belle Baston					Mother's Birthplace	Balti Co
Name of person giving In formation	Samuel Garrett					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	6 Mos.
Immediate	Anemia		How long	2 Mos.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. C. Hearn MD
		Address	Sta. N. Govanistown Balt Ind	
Accident or Suicide?		Neither		

578. W. Biddle
A H Ensliey
unobscured
Given Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Margaret Gamberill				Town		County		MARYLAND	
Died at		Wt. Washington Balto				Date of death		Month		Days	
1906		June		8		Age		28		Months	
4		14		Sex		Color or Race		White		Birth place	
Female		Germany		Occupation		House Keeper		Where Residing if not at place of death		Wt Washington	
Married, Single or Widowed		Widow		Name of Wife or Husband		Not Known		Father's Name		Father's Birthplace	
Not Known		Germany		Mother's Maiden Name		"		Mother's Birthplace		"	
Name of person giving information		Mr. Geo. Gamberill		How related to deceased		Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Old age		How long		78 year	
Immediate		Shock		How long		4 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Morris Shanks M.D.	
				Address		407 St Paul St	
Accident or Suicide?		—					

A S Marshall
3539 Falls Road
to St Marys Baltimore
June 10 - 06

Name
in
Full

Lucy B. Gennell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Harford</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1906		Month <i>June</i>	Day <i>14</i>	Age <i>43</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Harford, C. Md.</i>				
Married, Single or Widowed <i>Widowed</i>		Occupation _____					
Name of Wife or Husband <i>Joseph B Gennell</i>							
Father's Name <i>Richard Nest</i>				Father's Birthplace <i>Harford Co.</i>			
Mother's Maiden Name <i>Angelina Marshall</i>				Mother's Birthplace <i>Harford Co.</i>			
Name of person giving information <i>Rev. J. Marshall Wehse</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>3 years</i>
Immediate	<i>General Failure</i>	How long <i>3 or 4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. B. Mitchell</i>
		Address <i>Monkton Md.</i>
Accident or Suicide?		

W. C. Brooks

Andover

Philadelph

~~Hopewell Cemetery~~
Pa

Name in Full		Mip Mollie German				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Lutherville		County Baltimore		MARYLAND
	Date of death		Month June	Day 21	Years 43	Months 4	Days 7
	Sex Female		Color or Race white		Birth-place		
	Occupation Housekeeper		Where Residing if not at place of death Lutherville				
	Married, Single Single		Name of Wife or Husband —				
	Father's Name David M. German		Father's Birthplace Ballo. Co. Md.				
	Mother's Maiden Name Mary A. Parlett		Mother's Birthplace Ballo. Co. Md.				
Name of person giving information W. O. German		How related to deceased Brother					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Burning by accidental coil oil fire			How long immediate	
	Immediate		Shock & exhaustion			How long 2 1/2 hours	
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician L. Gibbons Smith M.D.		
					Address Lutherville Md.		
	Accident or Suicide?		Accident				

John Burns Sons

LONDON

Sater's Arm.

Balto. Co.
and.

Name

in
Full

Annin M Garrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Vernon</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>10</i>	Age <i>6</i>	Years	Months <i>2</i>	Days <i>5</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation				Where Residing If not at place of death <i>Mt Vernon</i>			
Married, Single or <u>Widowed</u>		Name of Wife or Husband					
Father's Name <i>Owen J. Garrison</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Annin Gordon</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Owen J. Garrison</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>28</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Z. H. Hall</i>
	Address <i>Mt Vernon</i>
Accident or Suicide?	

John J. Cowan

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death 1906

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of death~~Married~~ Single
or ~~Widowed~~Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Rob. Bruckner
London P.

Name
in
Full

Elizabeth J. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town} <u>2nd</u> <u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>June</u> ^{Day} <u>17</u>	Age <u>8</u> ^{Years} <u>months</u> <u>8</u> ^{Months} <u>months</u> <u>Six</u> ^{Days}		
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>	
Occupation _____	Where Residing if not at place of death <u>1 Ave & 8 St. W</u>		
Married, Single or Widowed _____	Name of Wife or Husband _____		
Father's Name <u>Harry Green</u>	Father's Birthplace <u>N. C.</u>		
Mother's Maiden Name <u>Elizabeth Green</u>	Mother's Birthplace <u>N. C.</u>		
Name of person giving information <u>Names above</u>	How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

Primary <u>Natural</u>	How long <u>4</u> <u>months</u>
Immediate _____	How long _____

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

P. A. Drummigan
203 Tonne St.
Coroner.

Accident or Suicide?

Wm J. D. Jackson
Asbury Cern

Name
in
Full

Martin Menadiser

CERTIFICATE OF DEATH

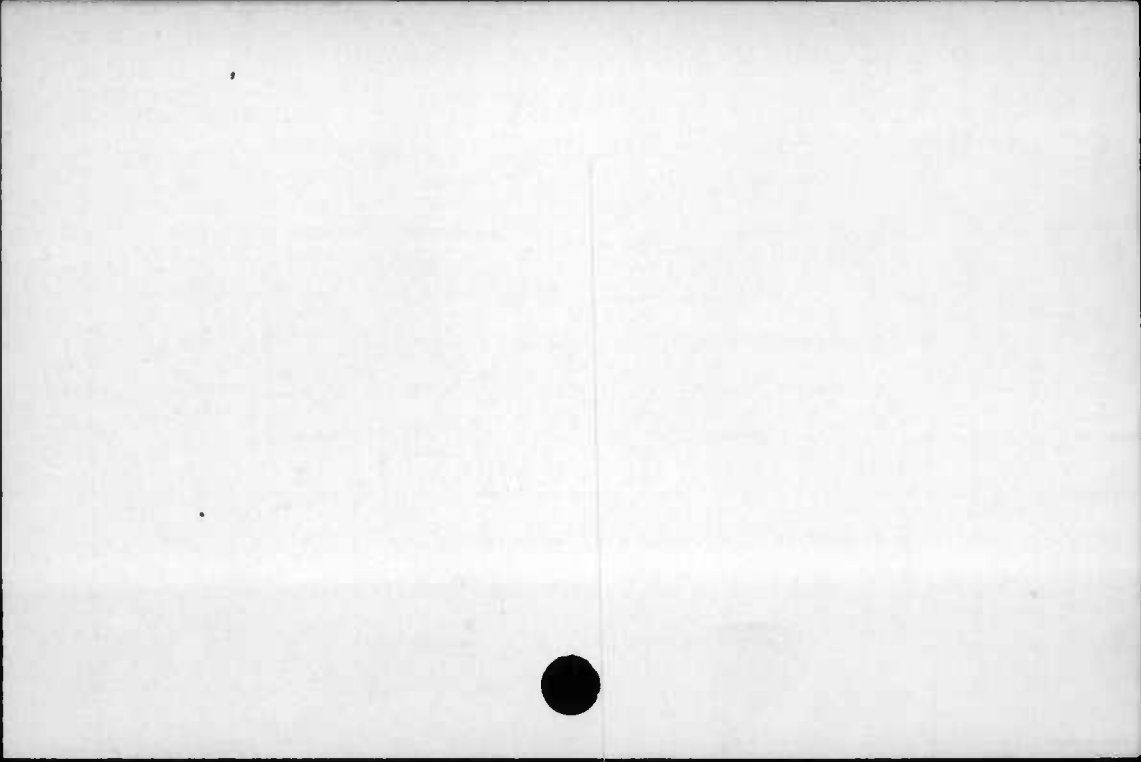
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1906	Month June	Day 28	Age 18	Months	Days	
Sex	Male		Color or Race	White		Birth- place	
Occupation			Tailor.		Where Residing if not at place of death		
Married, Single or Widowed			Single.		Name of Wife or Husband		
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving In formation					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis.	How long	27
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. Shaw.	
		Address	
		St. Agnes' Hospital	
		City.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Annie Gundlach		Town		Hamilton		County		Baltimore		MARYLAND	
Died at		Date of death		Month		Day		Years		Months		Days	
1906		6		25		Age		30					
Sex		Female		Color or Race		White		Birth-place		Baltimore Md.			
Occupation		House wife		Where Residing if not at place of death									
Married, Single or Widowed		Married		Name of Wife or Husband		Herman Gundlach							
Father's Name		Geo. Prechtel		Father's Birthplace		Germany							
Mother's Maiden Name		Annie Smith		Mother's Birthplace		Germany							
Name of person giving information		Herman Gundlach		How related to deceased		Husband							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Heart disease		How long		One year	
Immediate		Failure of compensation		How long		Lungs dist.	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Walter H. Kinal	
				Address		Hamilton	
						Md.	
Accident or Suicide?							

E Schloman House
1039 Hanover St

Remmed to
635 W. Lee St
temporarily

Name in Full <i>unnamed</i>		Habenkorn		CERTIFICATE OF DEATH			
Died at <i>Lansdowne</i>		County <i>Belt</i>		MARYLAND			
Date of death 1906		Month <i>June</i>	Day <i>15</i>	Age	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Belt Co. Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Otto W. Habenkorn</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Alvina Flack</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Otto W Habenkorn</i>		How related to deceased <i>father</i>					
CAUSES OF DEATH							
Primary		<i>only lived 2 hours after Birth -</i>				How long	
Immediate		<i>Cyanosis.</i>				How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank W. Rube</i>		Address <i>Lansdowne. Md.</i>			
Accident or Suicide?							

E. Schloman
Cedar Hill

Name in Full		James Alfred Hall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rowland Park		County		Baltimore	
	Date of death 1906		Month	Day	Age	Years	Months
			June	27	65		1
	Sex		male	Color or Race		white	Birth-place
						Virginia	
	Married, Single or Widowed		unmarried		Occupation		
					Retired Merchant		
PHYSICIAN OR CORONER	Name of Wife or Husband		Mrs James A. Hall				
	Father's Name		Hiring Hall			Father's Birthplace	
						Virginia	
	Mother's Maiden Name		Ambert Northam			Mother's Birthplace	
						Maryland	
Name of person giving information		H. X. Hall			How related to deceased		Brother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Chronic Intest. Nephritis			How long	
						2 Years	
	Immediate		Heart failure			How long	
						5 days	
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician	
					H. B. Hoof M. D.		
					Address		
					15 W. Franklin st		
					Baltimore Md		
Accident or Suicide?		no					

John E. Hough & Co.
undertaker.
Hallwood, Va.

Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Josephine A Hangley

Town

County

Died at

Mt Hope

1

Baths

MARYLAND

Date

of death

1906

Month

June

Day

26th

Age

35⁺

Months

Days

Sex

Female

Color or Race

White

Birth-place

Del -

Occupation

School Teacher

Where Residing if not at place of death

Wil - Del -

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

unknown

Father's Birthplace

unknown

Mother's Maiden Name

"

Mother's Birthplace

"

Name of person giving information

Reeds Mt Hope

How related to deceased

not at all.

CAUSES OF DEATH

Primary

Melancholia

How long

abt 13 or 14 mos.

Immediate

Exhaustion

How long

abt week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

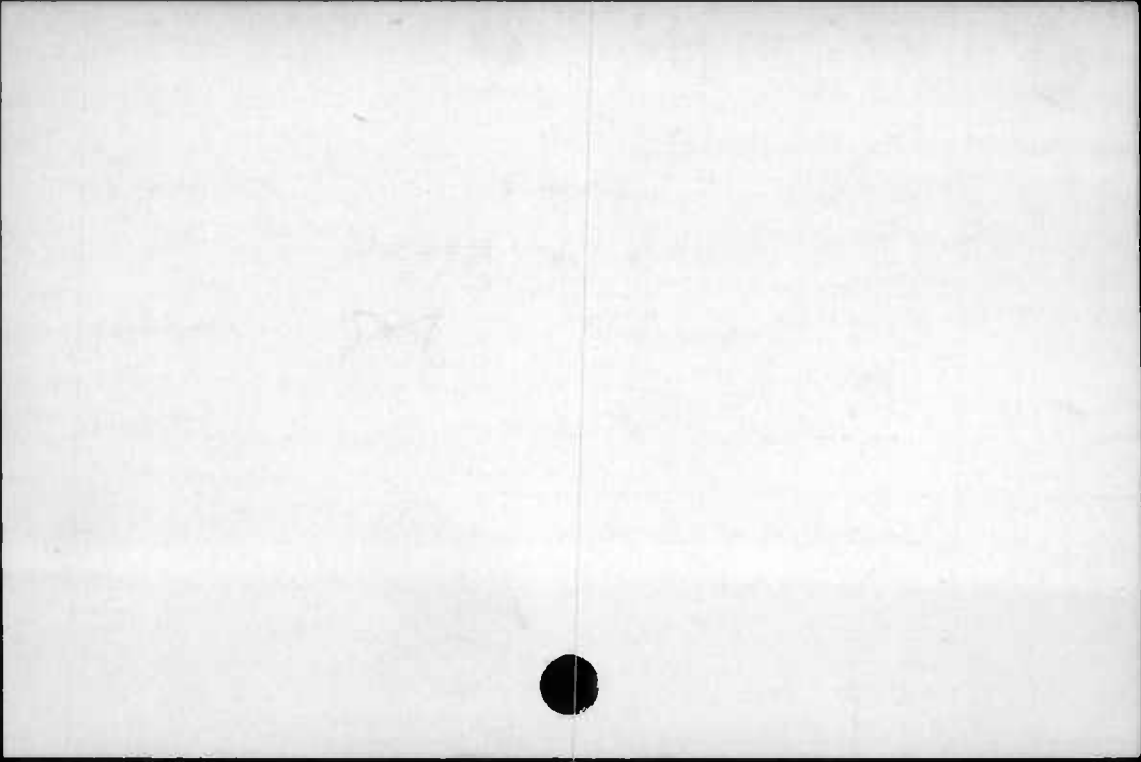
Frank J. Flannery -

Address

Mt Hope Reeds Mt Hope

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

Chas. W Haupt

6/3/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Turner Str* Town*Balto* County

MARYLAND

Date of death *1906 June 22* Month Day Years *3* Months Days *7*Sex *Male* Color or Race *white* Birthplace *Maryland*Occupation *Barkeeper* Where Residing if not at place of death *337 N Coolidge St*Married, Single or Widowed *married* Name of Wife or ~~Husband~~ *Theresa Haupt*Father's Name *Jos Haupt* Father's Birthplace *Maryland*Mother's Maiden Name *Mrs. Haupt* Mother's Birthplace *—*Name of person giving information *Geo Knight* How related to deceased *Friend*

CAUSES OF DEATH

Primary *Suicide* *(163)* How long *13 months*Immediate *By cutting wrist with knife* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *P.A. Dunningan*Address *203 Turner St*Accident or Suicide? *Suicide* *J. Lawrence*



John A. Hirth

Town

County

Died at

Sh. Denis

Baltimore Co

MARYLAND

Date 189

1906

Month

Day

June 30

Age

Y.

M.

D.

62

Native of

Washington D.C.

Occupation

Blues

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Chronic Pyelitis

Death

Immediate

Inanition

How long sick

about 3 m weeks

Accident, Suicide, Homicide

Reported by

Stuart & Munroe M.D.

Address

Sh. Denis. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Margaret Hoh

CERTIFICATE OF DEATH

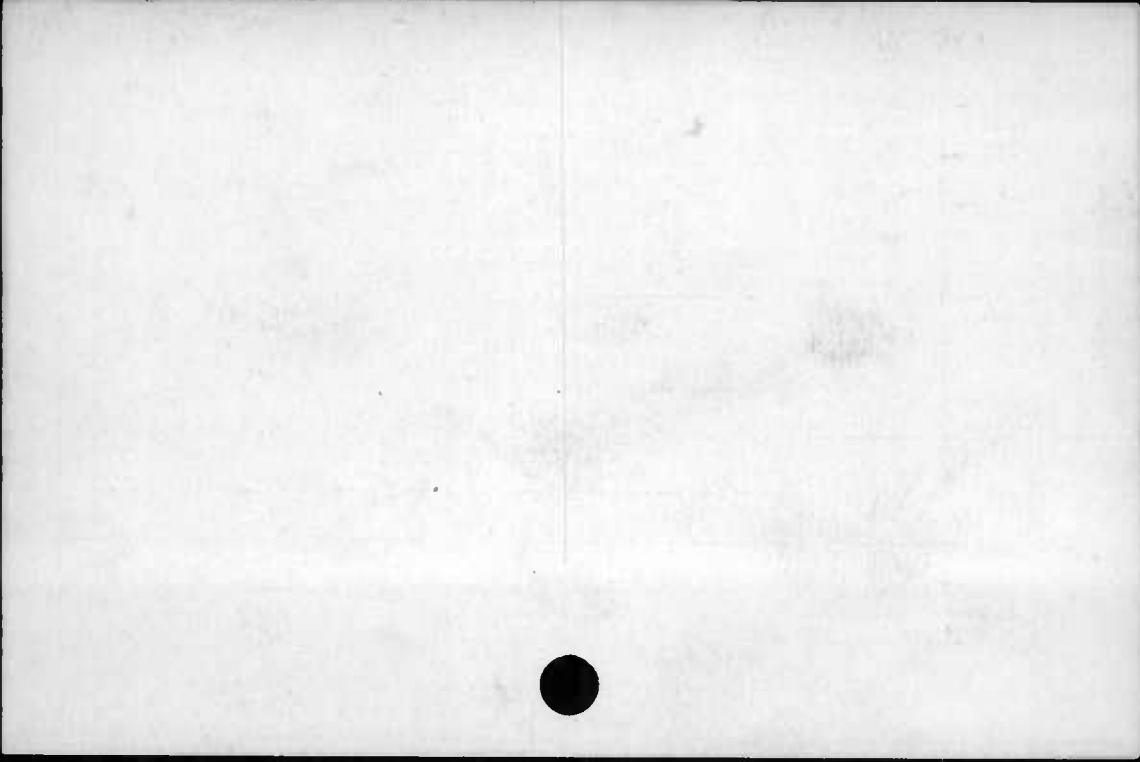
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1906	Month June	Day 23	Age 14	Years	Months	Days
Sex	Female		Color or Race	W.		Birth- place	Baltimore
Occupation	School Girl.			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	George Hoh					Father's Birthplace	Germany
Mother's Maiden Name	Margaret ?					Mother's Birthplace	"
Name of person giving In formation	Miss Eva Ruhland					How related to deceased	Friend.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	
Immediate	Exhaustion.	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		J. W. Shaw. M. D.	
Address		St Agnes Hospital City.	
Accident or Suicide?			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>19 Honey Lane</i>		County <i>Baltimore</i>	
		Date of death <i>1906</i>		Month <i>June</i> Day <i>18th</i> Years <i>2</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation		Birth-place <i>Baltimore</i>	
				Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Charles Henry House</i>		Father's Birthplace <i>Baltimore</i>	
Mother's Maiden Name		<i>Elizabeth F. House</i>		Mother's Birthplace <i>Baltimore</i>	
Name of person giving information		<i>Elizabeth F. House</i>		How related to deceased <i>Mother</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Asphyxia</i>		How long	
		Immediate <i>Convulsions</i>		How long <i>2 days</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frederick J. Fisher</i>	
				Address <i>1440 E. 4th St. Baltimore, Md.</i>	
		Accident or Suicide?			

Mr Carmel
J Herwig & Son

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Ellicott City</i>		County <i>Balto.</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>June</i>	Day <i>23</i>	Age <i>—</i>	Months <i>4</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland.</i>	
	Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Harry Huff.</i>	Father's Birthplace <i>Virginia</i>		Mother's Birthplace <i>Maryland.</i>	
	Mother's Maiden Name <i>Kettie May Carey</i>	Name of person giving information <i>Harry Huff.</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH 105					
PHYSICIAN OR CORONER	Primary <i>Inflammation of lungs</i>		How long <i>ten weeks</i>		
	Immediate <i>Exhaustion</i>		How long <i>12 hours</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>N.C. Storer M.D.</i>		
			Address <i>Ellicott City Md.</i>		
Accident or Suicide?					



Name
in
Full

George A. Imhofe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Canton

^{County} Balto.

Date of death 1906

Month 6

Day 7

Age 47

Months 1

Days 16

Sex Male

Color or Race White

Birth-place Balto.

Occupation Laborer

Where Residing if not at place of death 812 First St.

Married, Single or Widowed Widower

Name of Wife or Husband Elizabeth Imhofe

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Elizabeth Libinsky

How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Phthisis Pulmonalis

How long about 2 yrs

Immediate Asthenia

How long 2 mos

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician M. J. McAvery M.D.

Address 839 S. Calver St.

Accident or Suicide?

Balto. Lem.
Hernig & Son
6/8/06

Robert Johnson

Died at ^{Town} *Palapasco Neck* ^{County} *Balto. Co* MARYLAND
 Date 19 *06* ^{Month} *June* ^{Day} *29* ^{Y.} *4* ^{M.} *Months* ^{D.} *Balto Co* ^{Native of} *Child* ^{Occupation}
~~Male~~ ^{White} *White* ^{Married} *Widow* ^{Divorced} *None*
~~Female~~ ^{Colored} *Single* ^{Widower} *Number of children living* *None*

Husband of

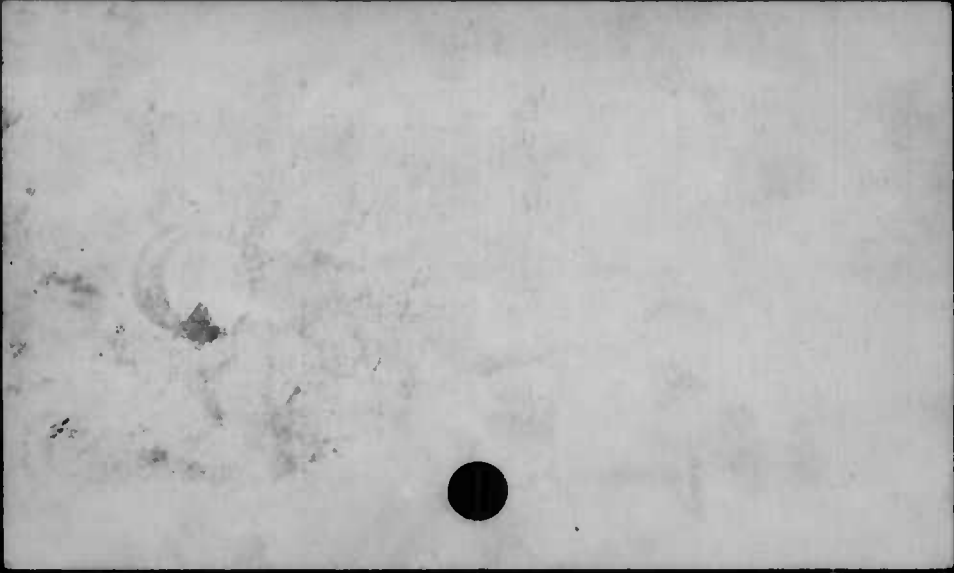
Wife

Father's Name *Cornelius Johnson* Mother's Maiden Name *Martha Gayle*

Cause of Death { Primary *Cholera Infantum* How long sick *12 days*
 Immediate *Exhaustion* (105) Accident, Suicide, Homicide

Reported by *Dr John Rolt*
 Address *2007 Eastern an* *J Balto* *me*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

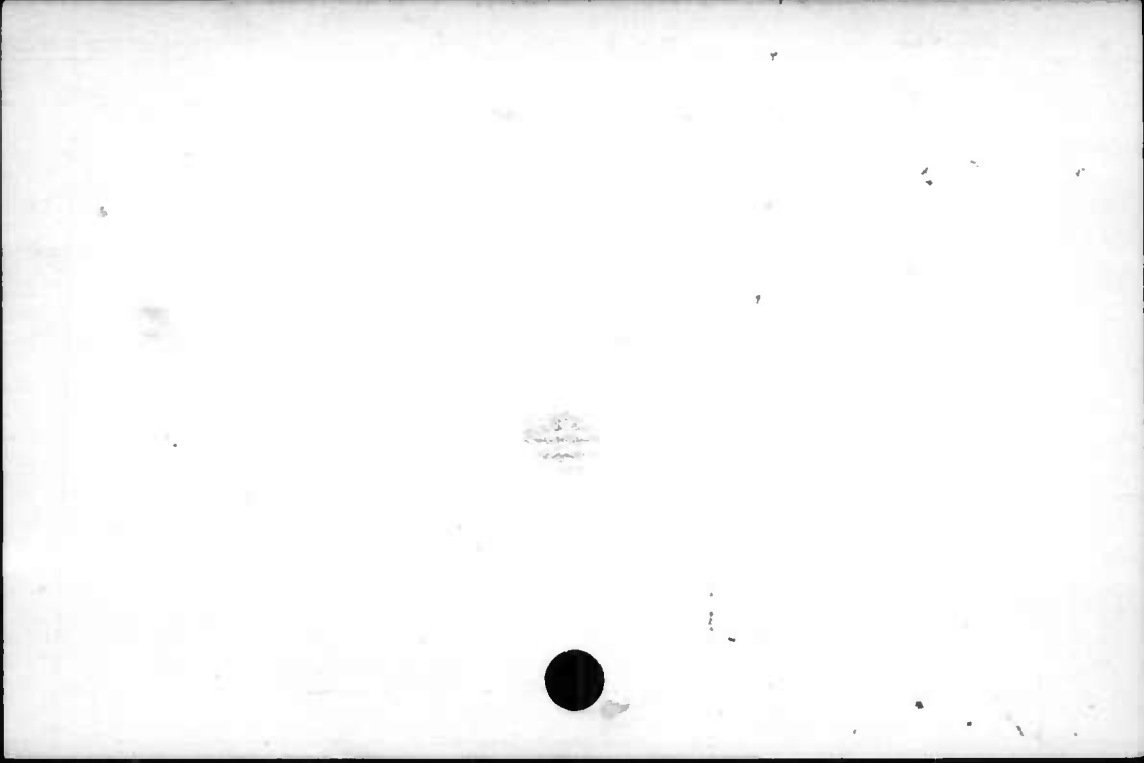
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benquies</i> <small>Town</small>		<i>Baets</i> <small>County</small>		MARYLAND	
Date of death 190 <i>6</i> <small>Month</small>	<i>June</i>	Day <i>17</i>	Age <i>65</i> <small>Years</small>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>tool</i>				
Name of Wife or Husband <i>Thomas Kaczorowska</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>John Kaczorowska</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>4 weeks</i>
Immediate <i>as above</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Harrison M.D.</i>
	Address <i>Middle River Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Florence C Kaiser

CERTIFICATE OF DEATH

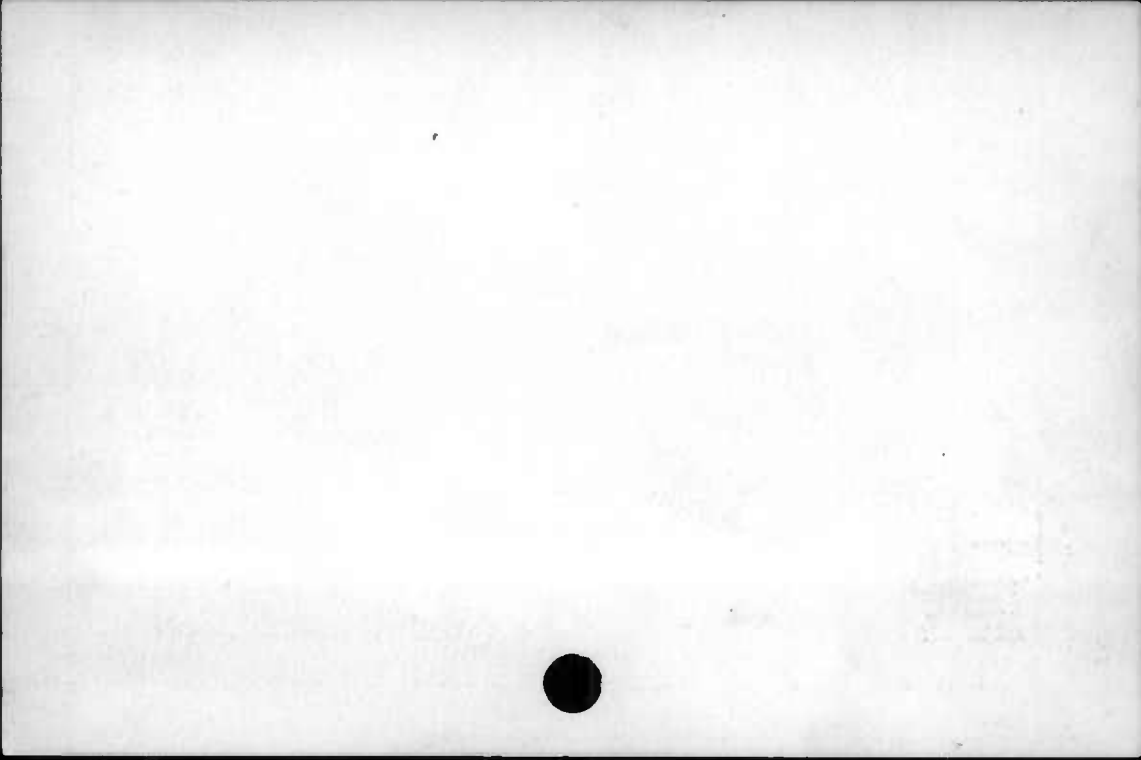
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oella</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 1906	Month <u>June</u>	Day <u>21</u>	Years <u>24</u>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>Casser Keeper</u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Michael Kaiser</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary A. Kaiser</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Clara Kaiser</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH


PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>Two years.</u>
Immediate <u>Same</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Warren Buckler</u>
	Address <u>836 Cathedral St. Baltimore Md.</u>
Accident or Suicide? <u>No</u>	



Name in Full		B. H. Kennard Jr.				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND		
	Endowment Hospital		Baltimore		Baltimore				
	Date of death	1906	Month	6	Day	15	Years	46	
	Sex		male		Color or Race		white	Birth-place	Baltimore
	Occupation		cleak		Where Residing if not at place of death				
	Married, Single or Widowed		Single		Name of Wife or Husband				
	Father's Name		Unknown		Father's Birthplace		Unknown		
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown			
Name of parson giving information		W. Miller		How related to deceased		None			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis		How long		3 years		
	Immediate		Exhaustion		How long		3 months		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. J. Jarrett		
					Address		Towson, Md		
	Accident or Suicide?		No						

Martin Fahey & Sons.
London Park Cemetery

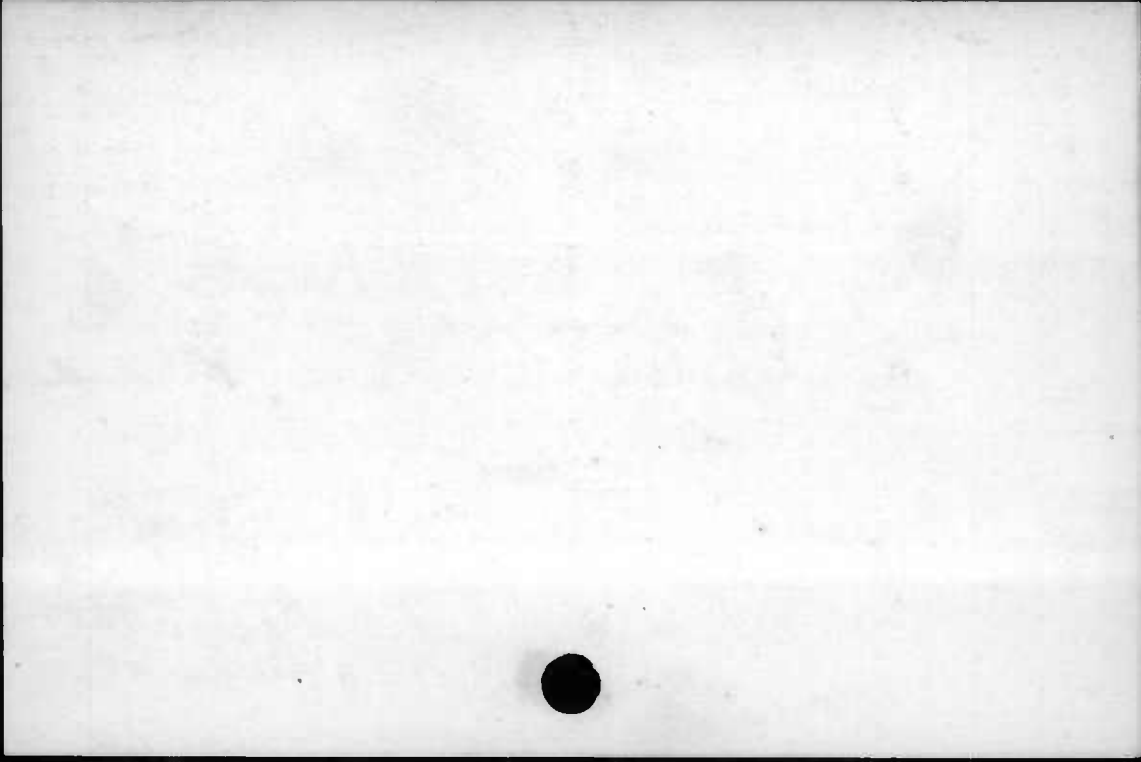
Name in Full		Dr Charles Augustus Lampanus				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Cotnamville	County Baltimore	MARYLAND			
		Date of death		1906	Month June	Day 13	Age 74	Months Days	
		Sex		Male		Color or Race White		Birth-place Finland Stockholm	
		Occupation		Physician		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband Harriett Sinclair Lampanus					
		Father's Name		Not known				Father's Birthplace	
		Mother's Maiden Name		Jane Wheelfield				Mother's Birthplace Ireland	
Name of person giving information		Harriet Lampanus				How related to deceased Wife			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Right Hemiplegia		How long			
		Immediate		Coma		How long few hours			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Dr L Mattfeldt			
				Address		Cotnamville Md			
		Accident or Suicide?							



Name In Full		Herbert. Ledley				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died on		Town	County	BALTO			
		on		Chestnut Ridge	Balto	MARYLAND			
		Date of death	1906	Month	6	Day	16	Years	Age
		Sex		Male		Color or Race		White	
		Birth-place		Chestnut Ridge		Months		1	Days
Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Father's Name		Harry Ledley		Father's Birthplace		Baltô. Co.			
Mother's Maiden Name		Lilly Hoffman		Mother's Birthplace		Baltô. Co.			
Name of person giving information		How related to deceased							
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		(151)		How long			
		Immediate		Premature birth		How long			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
				Address		Dr. T. C. Bussey			
		Accident or Suicide?				Texas		Md.	

Buried at Ridge Church

Name in Full Rachel Ann Light		CERTIFICATE OF DEATH	
Died at Monkton		County Baltimore	
State MARYLAND			
Date of death 1906	Month June	Day 7	Age 74
Sex Female	Color or Race white	Months 27	Days 27
Occupation House Keeper	Where Residing if not at place of death Maryland		
Married, Single or Widowed Married	Name of Wife or Husband William L. Light		
Father's Name Philip	Brook		
Mother's Maiden Name Philips	Father's Birthplace Bisburg		
Name of person giving information Anna Cuddy	Mother's Birthplace Bisburg		
	How related to deceased Home		
CAUSES OF DEATH			
Primary Diabetes	How long do not know		
Immediate Neuralgia of Heart	How long 20 years		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician F. T. Turner		
	Address White Hall		
	Maryland		
Accident or Suicide?			



Name
in
Full

Bartholomew John Mc Donald

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Denmore Park* *Town* *Baltimore* *County*

MARYLAND

Date of death *1906* *June* *Month* *4th* *Day* *41* *Years* *11* *Months* *Days*Sex *Male* Color or Race *White* Birth-place *New York City*Occupation *Contractor* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Lucy de Puyster*Father's Name *Bartholomew McDonald* Father's Birthplace *Ireland*Mother's Maiden Name *Mary Whalen* Mother's Birthplace *Ireland*Name of person giving information *Mrs. Cunningham* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Diabetes Mellitus* *50* How long *6 mths*Immediate *Coma* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. W. Knowlton*Address *1938 Linden Av*Accident or Suicide? *No*

Henry H. Johnston Sons Co

Worcester

New York

Name
in
Full

Ellen M^c Keloy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Shamberg</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190	6	Month	<i>June</i>	Day	<i>17th</i>	Age	<i>50</i>
						Months	<i>10</i>
						Days	<i>22</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Md.</i>
Married, Single or Widowed	<i>Married</i>		Occupation	<i>House-wife</i>			
Name of Wife or Husband	<i>Thos. E. Mc Keloy</i>						<i>Md.</i>
Father's Name	<i>Stansbury</i>					Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Rachel Schaffer</i>					Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Alice Ahlan</i>					How related to deceased	<i>daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Material ^{and typhoid} pneumonia</i>	How long	<i>About Eighteen days</i>
Immediate	<i>Paralysis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>J. B. Norris M.D.</i>	
Address		<i>Freeland Md.</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Mahorney

Died at *Pikesville* Town*Baltimore* County

MARYLAND

Date
of death *1906*Month *6*Day *14*Age *73*

Years

Months

Days

Sex *Male*Color or
Race *White*Birth-
place *Virginia*

Occupation

*Farmer*Where Residing if not
at place of death*Pikesville*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name *—*Father's
Birthplace *—*Mother's
Maiden Name *—*Mother's
Birthplace *—*Name of person giving
In formation*H. H. Matthews*How related
to deceased*None*

CAUSES OF DEATH

Primary

Enteric Colitis

How long

Several weeks

Immediate

Exhaustion

How long

*" "*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*W. E. M.**James Mahorney M.D.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Anton Mathaus* Town *Baltimore* County *Baltimore*Died at *Drowned* Month *June* Day *21* Age *28* Years Months DaysSex *Male* Color or Race *White* Birth-place *Baltimore*Occupation *Not employed* Where Residing if not at place of death *834 N Chapel St*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Anton Mathaus* Father's Birthplace *Not known*Mother's Maiden Name *Francis Florjanski* Mother's Birthplace *Baltimore*Name of person giving information *Emilia Florjanski* How related to deceased *Aunt*

CAUSES OF DEATH

Primary *accident drowning*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

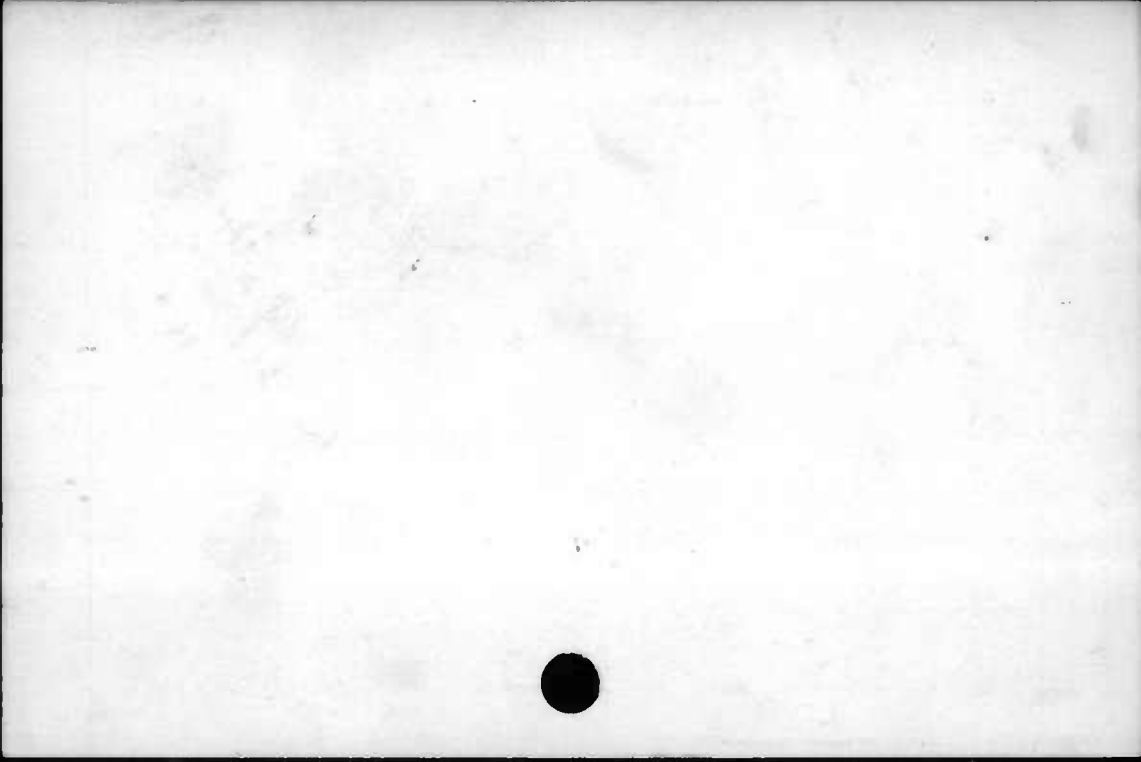
Signature of Physician

Address

James F. Gaber
Chase
MD

Accident or Suicide?

*Accident*PHYSICIAN
OR CORONER



Name
in
Full

Sarah Messner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

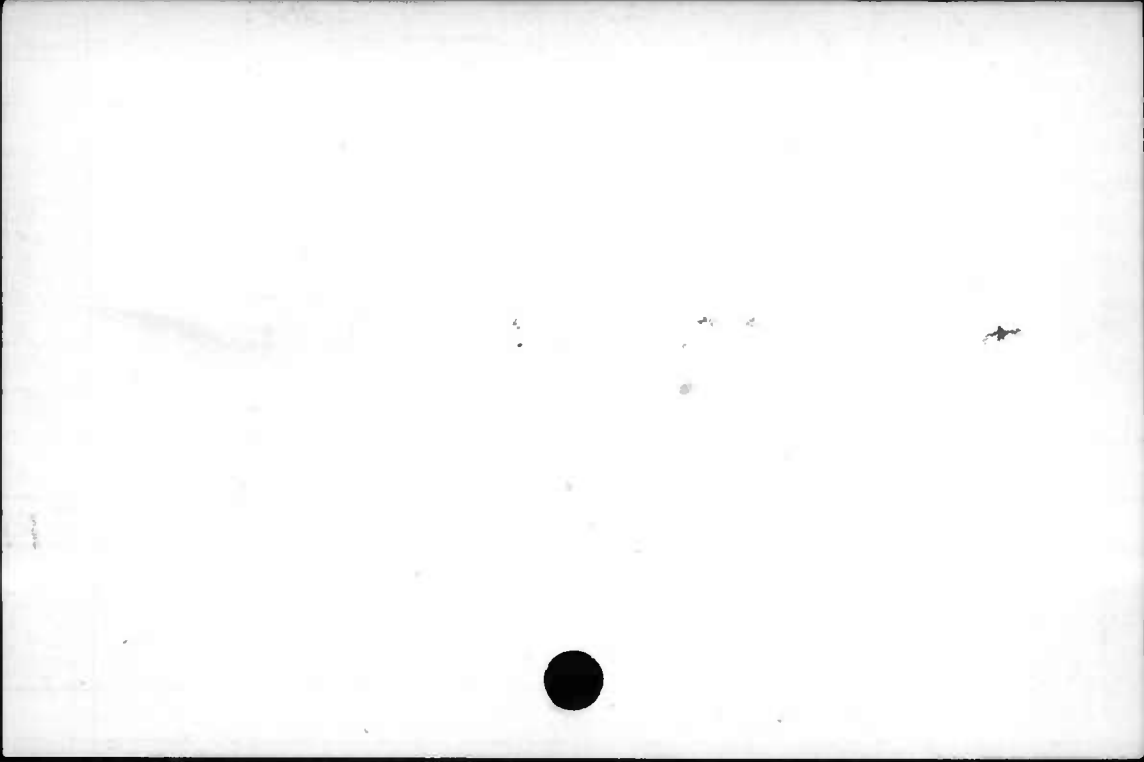
Died at <i>White Marsh</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 190	<i>6</i> <small>Month</small>	<i>June</i> <small>Day</small>	<i>19</i> <small>Age</small>	<i>76</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>md</i>		
Married, Single or Widowed <i>widow</i>			Occupation <i>none</i>		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving In formation <i>Dan Messner</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	<i>Several years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>		Signature of Physician <i>John W. Hamilton</i>	
		Address <i>1444 1st St N</i>	
Accident or Suicide? <i>no</i>		✓	



Name
in
Full

Cornad Mieling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Rossville</i> Town		<i>Bald</i> County				
Date of death <i>1906</i>	Month <i>June</i>	Day <i>16</i>	Age <i>83</i>	Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>Margaret Mieling</i>				
Father's Name <i>Christian Mieling</i>		Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>				
Name of person giving information <i>Mrs H. Beulen</i>		<i>154</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infirmities of old age</i>	How long <i>13 mo.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. V. Mace</i>
	Address <i>Rossville</i>
	<i>Md.</i>
Accident or Suicide?	

St. John's
Secretary

Name
in
Full

Clarence Edward Miller

CERTIFICATE OF DEATH

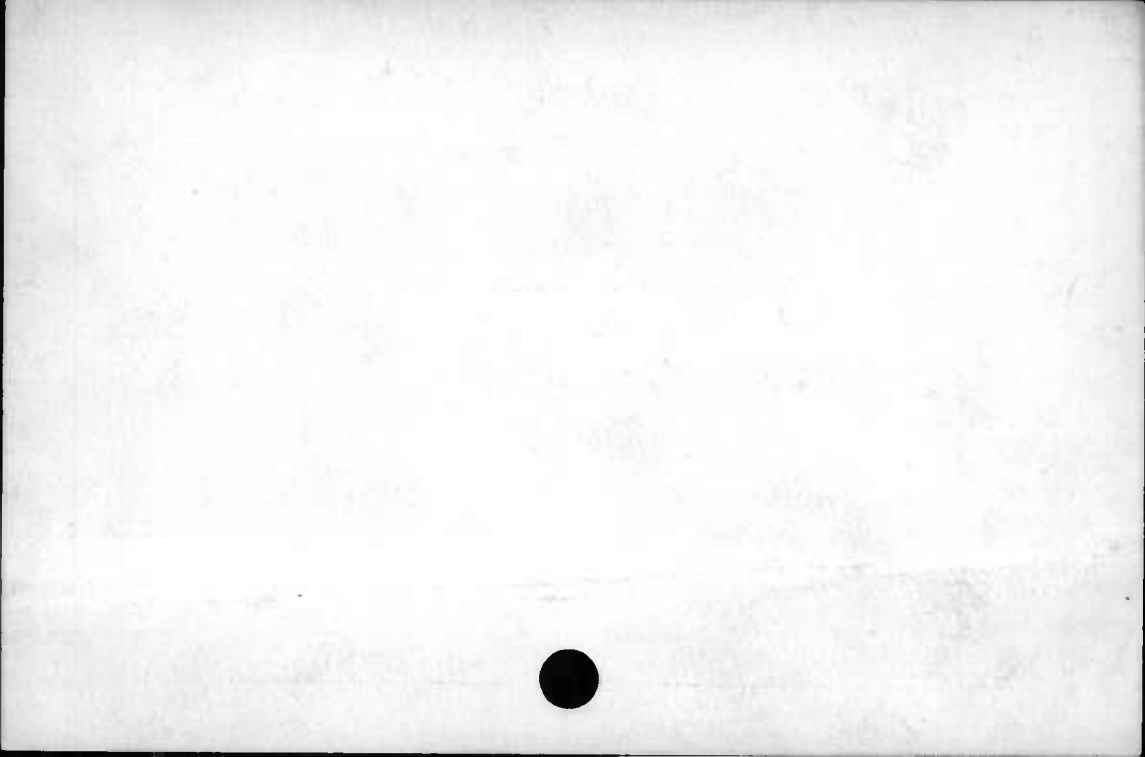
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hereford		County Barto		MARYLAND	
Date of death 1906	Month June	Day 22	Age Years	Months	Days 23		
Sex Male		Color or Race white		Birth- place Hereford Md.			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name S. Howard Miller				Father's Birthplace Mt. Carmel			
Mother's Maiden Name Temperance May				Mother's Birthplace Hereford			
Name of person giving In formation S. Howard Miller				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	2 weeks
Immediate	Convulsions	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		A. B. Mitchell	
		Address Moukhou md.	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

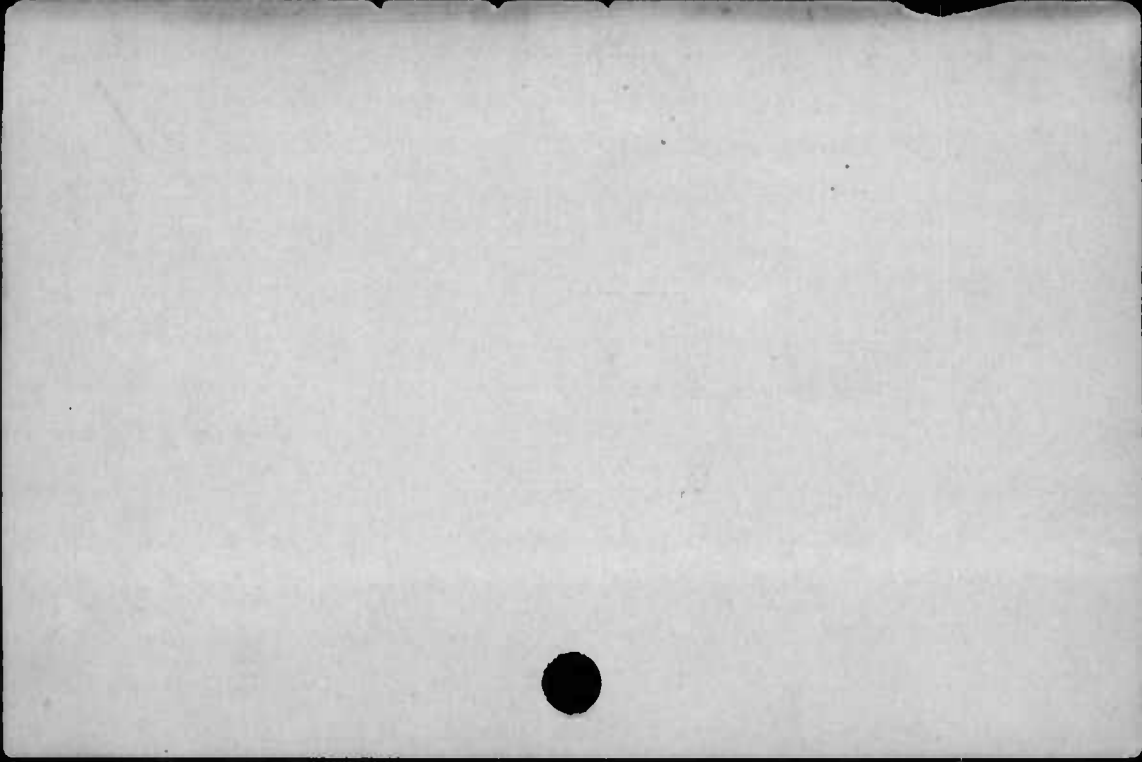
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harrisonville</u>			Town <u>Balt</u>		County		MARYLAND	
Date of death	1906	June	20	Age	68	Years	4	Months
Sex	Female	Color or Race	White	Birth-place	Carmel Co Ind			
Occupation	Housekeeper			Where Residing if not at place of death		Harrisonville		
Married, Single or Widowed	Single		Name of Wife or Husband		—			
Father's Name	Leah D. L. Miller				Father's Birthplace	Balt Co Md		
Mother's Maiden Name	Harriet Nick				Mother's Birthplace	Balt Co Md		
Name of person giving information	John Drysdale				How related to deceased	Nephew		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Asthma	How long	79
Immediate	Acute Regurgitation	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm L. Buppert
		Address	Rockyln Balt Co
Accident or Suicide?	Eugene L. Buppert, M.D., F.A.C.P.		



Name
in
Full

William Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Gardenville		County Baltimore		MARYLAND	
Date of death 1906		Month June		Day 24		Age Years — Months — Days 12	
Sex Male		Color or Race White		Birth- place Gardenville			
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name Wm. F. Miller				Father's Birthplace Baltimore			
Mother's Maiden Name Catherine Klopman				Mother's Birthplace Germany			
Name of person giving In formation Wm. F. Miller				How related to deceased Father			

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary	Gastro Enteritis (105) How long 4 days
Immediate	Exhaustion How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Jos. B. Webster M.D.
	Address Rensselaer
Accident or Suicide?	

Jos Jordan & Son
Peet & Co

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

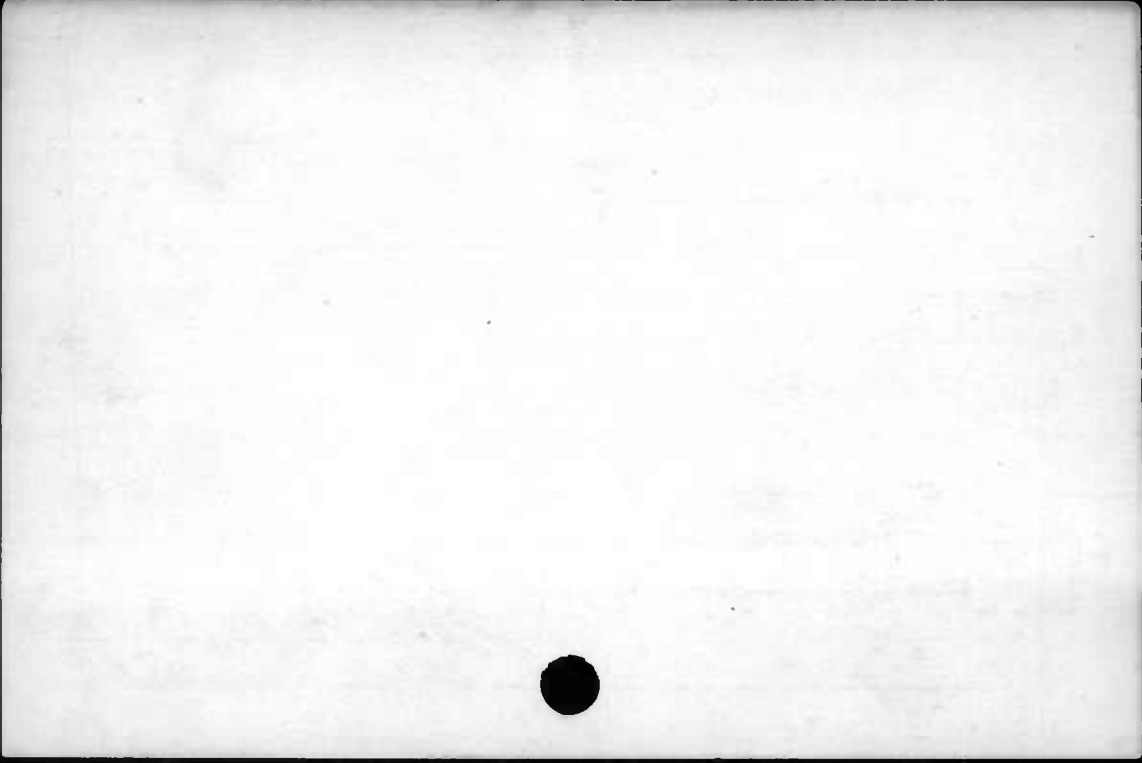
Died at *Sparrows Point* Town *Baltimore* County *Moon*
 Date of death *1906* Month *June* Day *14th* Age *prematurely born infant* Years Months Days
 Sex *male* Color or Race *col* Birth place *Sparrows Point*
 Occupation _____ Where Residing if not at place of death *" "*

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *James Moon* Father's Birthplace *Va*
 Mother's Maiden Name *Queen Victoria Edmunds* Mother's Birthplace *Va*
 Name of person giving information *James Moon* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Prematurely born infant (6 1/2 mo)* How long _____
 Immediate *Inanition* (151) How long _____
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *G. C. McCordick M.D.*
 Address *Sparrows Point Md.*
 Accident or Suicide? *no*



Name
in
Full

Immoeng Gudling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hightstown		County Baltimore		MARYLAND	
Date of death		Month June	Day 7	Years 52	Months 7	Days —	
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Saloon Keeper			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife Husband Louisa Hoff					
Father's Name	Florian Gudling			Father's Birthplace	Germany		
Mother's Maiden Name	don't know			Mother's Birthplace	Germany		
Name of person giving information	Louisa Gudling			How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hepatitis	(114)	How long	4 weeks.
Immediate	Acites		How long	2 1/2 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician Dr. J. A. Slank	
			Address 41 Eastern Ave.	
Accident or Suicide?		No		

Sacred Heart - Cemetery

June 9th 1906

Germanus Franer

Un der Lake.

Name
in
Full

Barbara E. Murray.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Deer Park.</u>		County <u>Balto.</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>11</u>	Age <u>32</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Mo.</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Place of death.</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mrs. A. Murray.</u>				
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Chas. Wilson.</u>			How related to deceased <u>Son in law</u>		

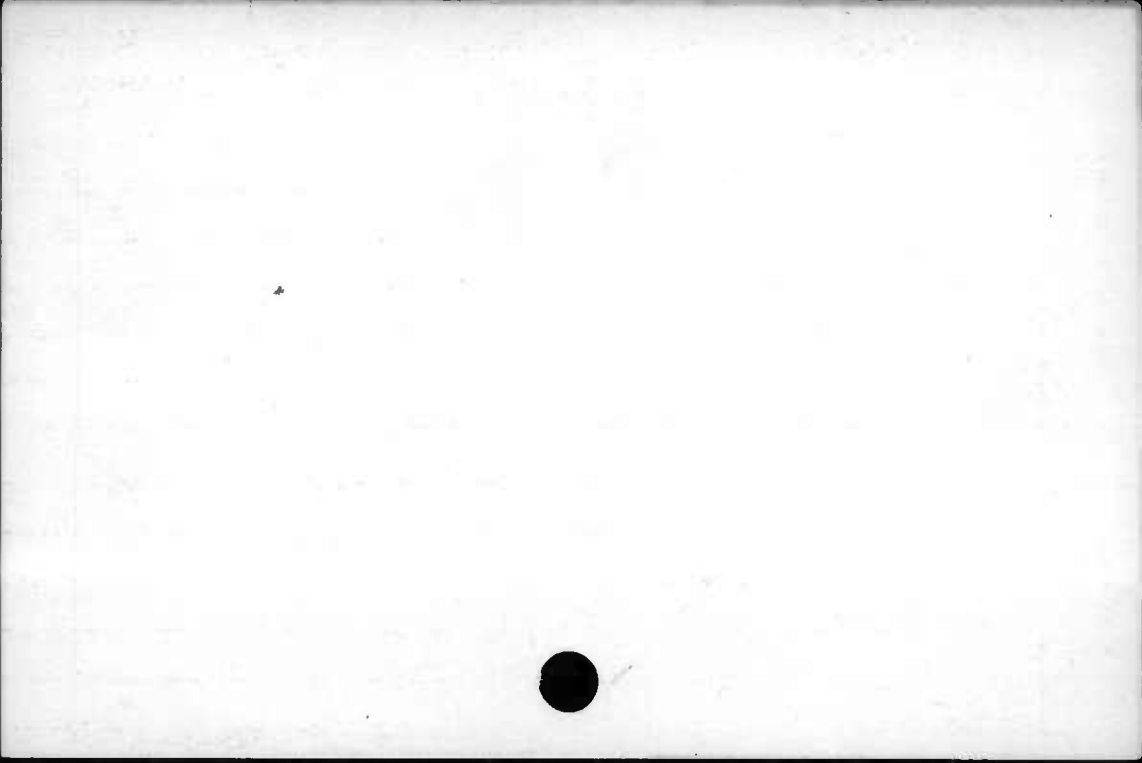
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>27</u>	<u>Two weeks.</u>
Immediate <u>Tuberculosis. Exhaustion.</u>	How long <u>—</u>	<u>Five months.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Mrs. N. Naid. M.D.</u>	
	Address <u>Harrisonville.</u>	
	<u>Mo.</u>	
Accident or Suicide? <u>—</u>		

Arrived at Deer Park

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Charleston</i>		County <i>Baltimore</i>		MARYLAND	
	Date of death <i>1906</i>	Month <i>June</i>	Day <i>22</i>	Age <i>6</i>	Months <i>0</i> Days <i>0</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Charleston</i>		
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband			
	Father's Name <i>Henry Palmer</i>		Father's Birthplace <i>Town of Baltimore</i>			
	Mother's Maiden Name <i>Mary Ellen Haffendaffer</i>		Mother's Birthplace <i>Hannover</i>			
Name of person giving information <i>Mary Ellen Haffendaffer</i>		How related to deceased <i>Mother</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Placental Rupture Struck by Car</i>		How long			
	Immediate		How long			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. W. Haffendaffer</i>			
			Address <i>Charleston</i>			
	Accident or Suicide?		<i>NO</i>			



Name
in
Full

Christopher Parker

CERTIFICATE OF DEATH

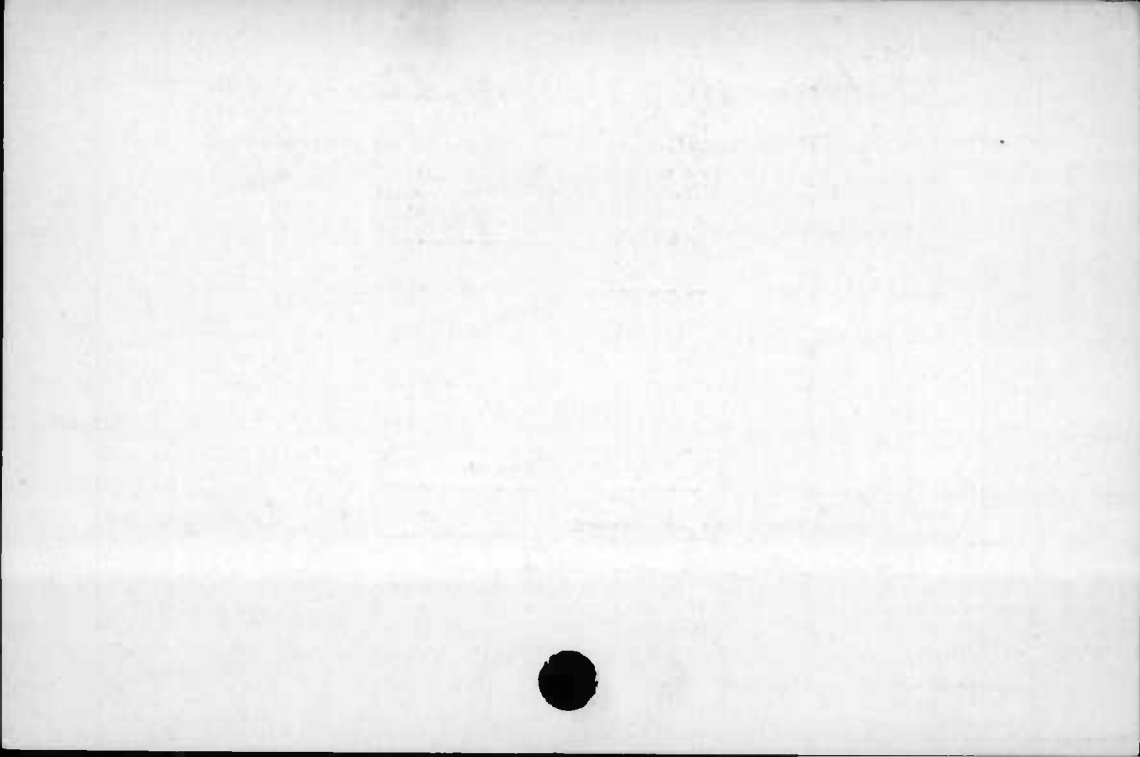
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retriah Balto</i>		County		MARYLAND	
Date of death	1906	Month	June	Day	8th
Age	63	Years		Months	unknown
Sex	Male	Color or Race	White	Birthplace	Ireland
Occupation	Religious		Where Residing if not at place of death Washington D.C.		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	unknown		Father's Birthplace unknown		
Mother's Maiden Name	"		Mother's Birthplace "		
Name of person giving information	Recd, Mt Hope Retriah		How related to deceased Not at all -		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Melancholia	How long	4 mos -
Immediate	Ex - Gastro-Intest. Toxemia	How long	4 mos -
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Frank J. Flannery	
Address		Mt Hope Retriah	
		Baltimore, Md.	
Accident or Suicide?			



Name
in
Full

Cormegys Paul

CERTIFICATE OF DEATH

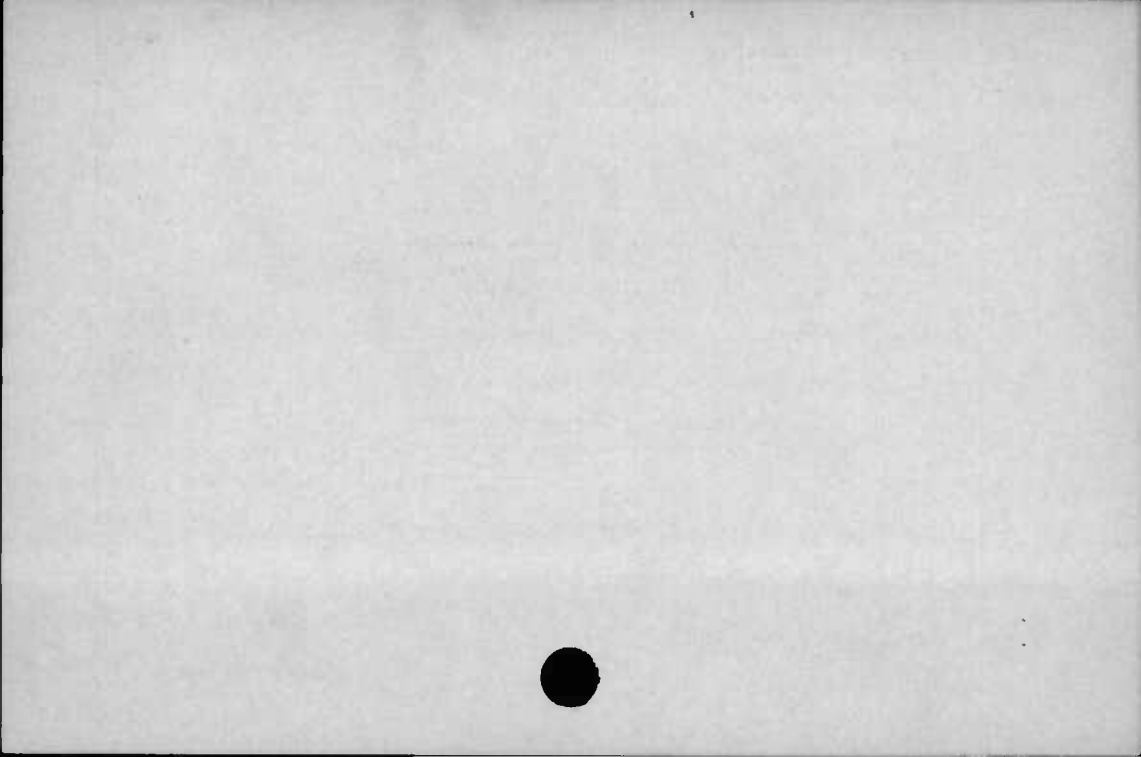
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Catonsville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		1906	Month <i>June</i>	Day <i>29</i>	Age <i>53</i>	Months	Days
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place			
Occupation <i>Physician</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera morbus</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion from above</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. P. Pughers White</i>
		Address	<i>Catonsville</i>
Accident or Suicide?			<i>med</i>



Name

in
Full

CERTIFICATE OF DEATH

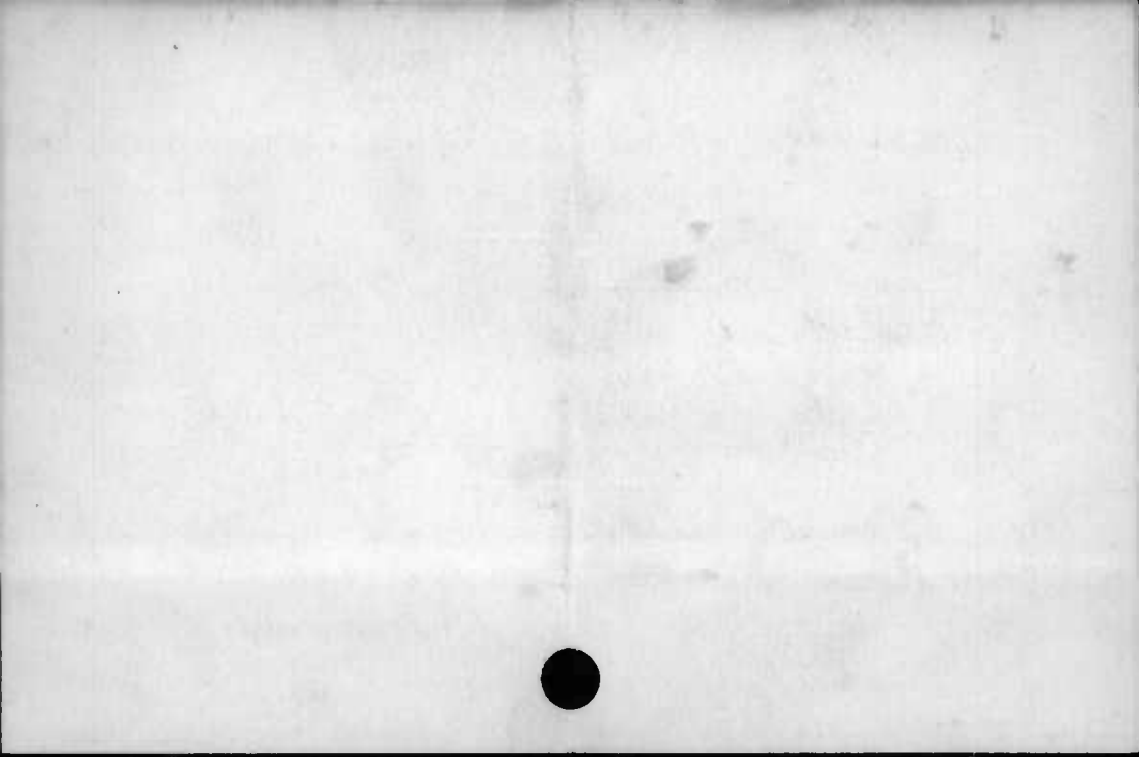
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spinnis Point</i>		Town <i>Spinnis Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month	June	Day	26	Age	Years <i>—</i> Months <i>7</i> Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Spinnis Point</i>
Occupation	<i>—</i>			Where Residing If not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Stephen Pecurriale</i>				Father's Birthplace <i>Castine</i>			
Mother's Maiden Name <i>Rose Pickwell</i>				Mother's Birthplace <i>Castine</i>			
Name of person giving information <i>Stephen Pecurriale</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>Ten weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. C. Elsted M.D.</i>	
		Address <i>Spinnis Point Md</i>	
Accident or Suicide?		<i>Med</i>	



Name
in
Full

Henry D. Perky

CERTIFICATE OF DEATH

Died at		Town Glenora		County Bald.		MARYLAND	
Date of death	1906	Month June	Day 29	Years 62	Months 6	Days 22	
Sex	Male		Color or Race	White		Birth-place	Ohio
Occupation	Lawyer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Susie Melissa			
Father's Name	Daniel J. Perky					Father's Birthplace	
Mother's Maiden Name	Leha					Mother's Birthplace	
Name of person giving information	Mrs Loughlin					How related to deceased	(64)

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

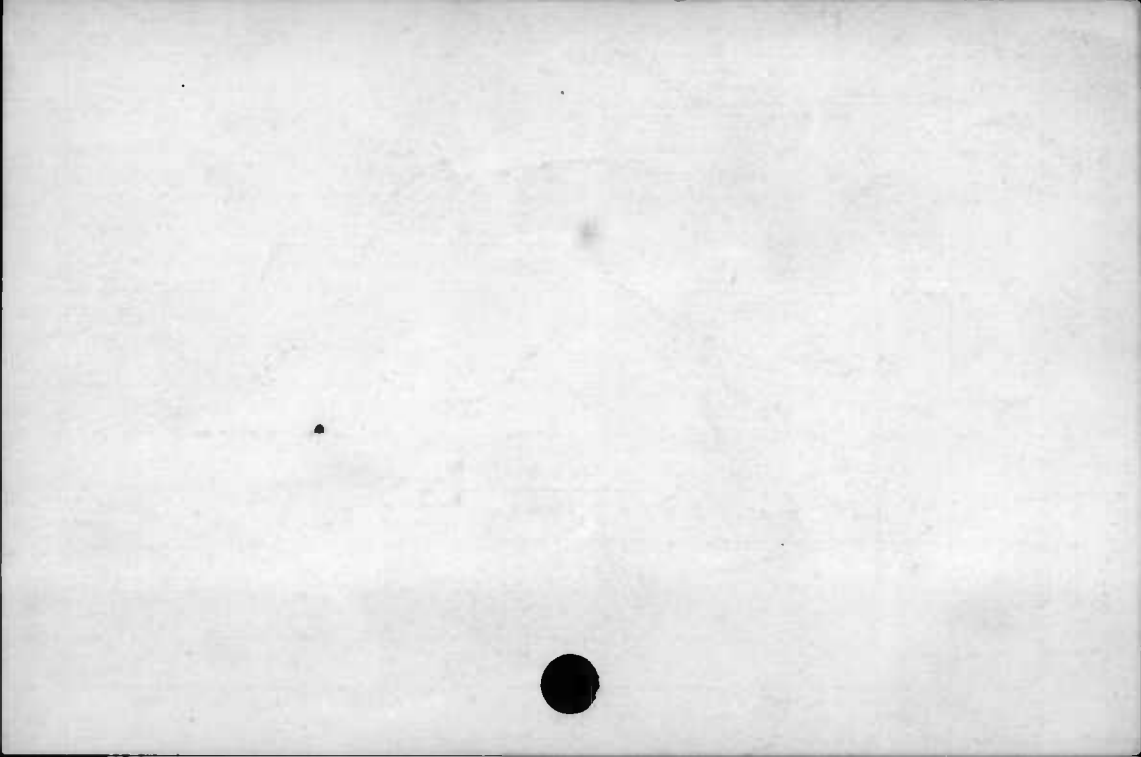
Primary	Found dead in bath tub		How long	
Immediate	Reason to believe it cerebral hemorrhage		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	R. H. Shermantine
			Address	Glenora, Ind.
Accident or Suicide?				

PHYSICIAN
OR CORONER

Henry H. Jenkins & Sons Co.
253 N. Saratoga St.
Balis. Ind

Place of burial
Emmanuel P. E. Church Cem.
Glenview Balto Co.
Ind.

Name in Full Anna M. Pfadenhauer		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at McCormac Road ^{Town} Balto. ^{County}		MARYLAND
	Date of death 1906 ^{Month} June ^{Day} 8 ^{Years} 17 ^{Months} 4 ^{Days}		
	Sex female ^{Color or Race} white ^{Birthplace} Baltimore Md.		
	Occupation housewife. ^{Where Residing if not at place of death}		
	Married Single ^{Name of Wife or Husband}		
	Father's Name John Pfadenhauer ^{Father's Birthplace} Germany		
Mother's Maiden Name Marguinitz ^{Mother's Birthplace} Germany			
Name of person giving information John Pfadenhauer ^{How related to deceased} Father			
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Mythria fever ^{How long} about two weeks		
	Immediate Cardiac failure ^{How long} about 6 hrs.		
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician A. V. Wright	
		Address S.E. Co. Canton + Dillman	
Accident or Suicide?			



Name
in
Full

Rosa Eschier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906 June 26</i>		Age <i>—</i>		Months <i>10</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Frank Eschier</i>	Father's Birthplace <i>N. Y.</i>				
Mother's Maiden Name <i>Rose Mc Gainey</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Rose Mc Gainey</i>	How related to deceased <i>mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>4 da.</i>
Immediate <i>Exhaustion</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Geo. L. Quinn M.D.</i>
	Address <i>3 And Stough Highlandtown</i>
Accident or Suicide? <i>175</i>	

St. Peters Cemetery

June 28th 1906

Germanus Prince

Undertaker

Name
is
Full

Sophia Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dickeyville</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	1906	Month	June	Day	6	Age	78
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>11</i> Days <i>19</i>	
Occupation <i>non</i>		Where Residing if not at place of death <i>Dickeyville</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>William Robinson</i>					
Father's Name <i>Joseph Hook</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Sophia Spender</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>William Robinson</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Gastritis</i>	How long	<i>2 days</i>
Immediate	<i>Cardiac Insufficiency</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. C. Smith</i>	
		Address <i>Woodlawn St</i>	
Accident or Suicide? <i>—</i>		<i>not</i>	

Lorraine Connelly
Jno B. Cook.

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Michael K. Dank</i>		Town <i>Wt Hope Reister</i>		County <i>Baltimore</i>		State MARYLAND	
Died at <i>Wt Hope Reister</i>		Month <i>June</i>		Day <i>11th</i>		Years <i>32</i>	
Date of death <i>1906</i>		Months <i>unknown</i>		Days <i>unknown</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
Occupation <i>Saloon Keeper</i>		Where Residing if not at place of death <i>Baltimore Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>unknown.</i>					
Father's Name <i>unknown.</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>11</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving in formation <i>Reeds Wt Hope Reister</i>		How related to deceased <i>not at nec</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Gastritis</i>	How long <i>abt 8 or 10 days.</i>
Immediate <i>Ex. Cardiac Syncope</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
Address <i>Wt Hope Reister</i>	
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

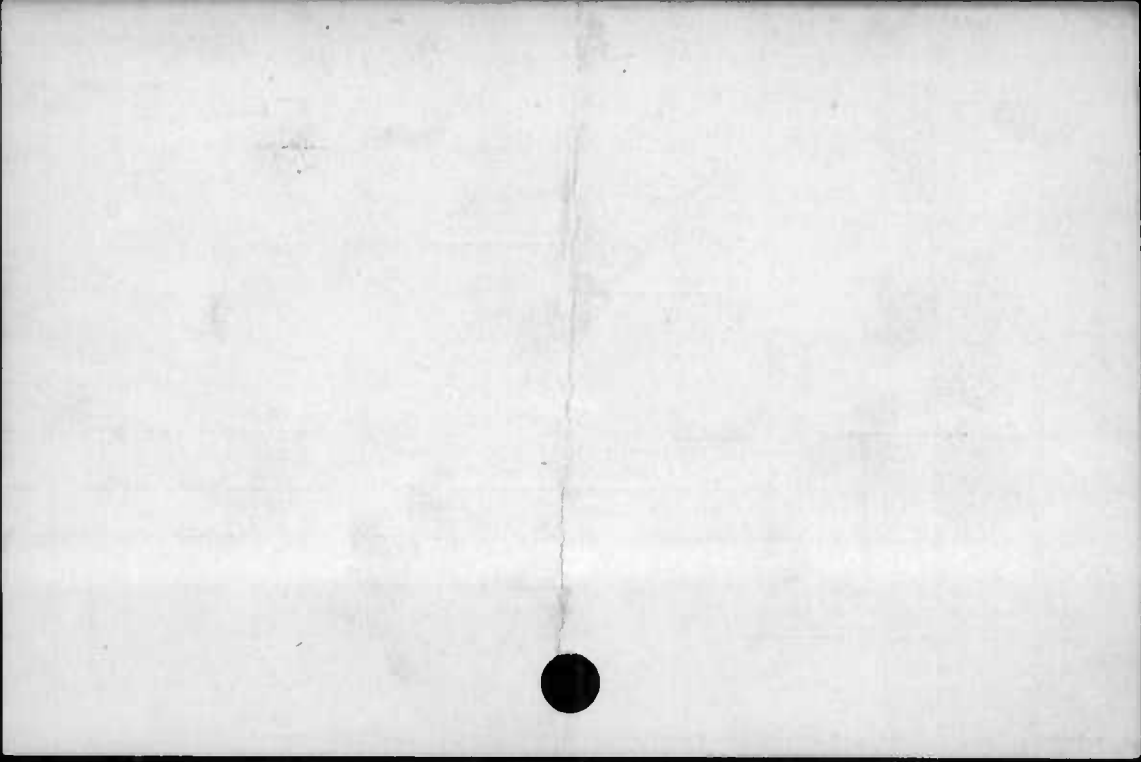
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>9</i>	Years	Months	Days <i>2 hours</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Westport</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Edward Savage</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Rose Ogle</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Edward Savage</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Died 2 hours after birth</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>J. S. Hall</i>
		Address <i>Int. Minors</i>
Accident or Suicide?		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Green</u> Town		<u>Balto.</u> County		MARYLAND
	Date of death <u>1906</u>	Month <u>June</u>	Day <u>16</u>	Age <u>28</u> Years	Months <u>6 mon</u> Days <u>14</u>
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balto. Md</u>	
	Occupation <u>House wife</u>		Where Residing If not at place of death <u>Green Md -</u>		
	Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joseph Schaefer -</u>			
	Father's Name <u>Samuel McChary</u>		Father's Birthplace <u>Maryland</u>		
	Mother's Maiden Name <u>Elizabeth McChary</u>		Mother's Birthplace <u>" "</u>		
	Name of person giving information <u>Joseph Schaefer</u>		How related to deceased <u>Husband</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>General Tuberculosis</u>		How long <u>six mon</u>		<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 34 </div>
	Immediate <u>Edema of Lungs</u>		How long <u>few hours</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. M. Litzinger M.D.</u>		
			Address <u>212 N. Franklin St. - Balto. Md.</u>		
	Accident or Suicide? <u>no</u>				

A S Marshall

3539 Fall Road

June 19-56 - St Mary. N.

Name
in
Full

Frederick Schmeigl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>7</u> <small>Day</small>	<u>47</u> <small>Years</small>	<u>14</u> <small>Months</small> <u>28</u> <small>Days</small>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Merchant</u>		Birth-place	<u>Germany</u>	
Where Residing if not at place of death			<u>Canton</u>		
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Frances Schmeigl</u>	
Father's Name	<u>Matthew Schmeigl</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Josephine Schneider</u>			Mother's Birthplace	<u>Germany</u>
Name of person giving information	<u>Francis Schmeigl (Wife)</u>			How related to deceased	<u>Wife</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Hepatitis</u>	How long	<u>114</u>
Immediate	<u>Cardiac Insufficiency</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		<u>Wm. H. Hays</u> <u>22 Hudson St. N.Y.C.</u>	

Most Holy Redeemer Bern,

June 10-1906

Grikler & Grikler

1739 E. Cager St.

Name in Full		Christian W. Schmidt				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Lutherville <small>Town</small>		Balto. <small>County</small>		MARYLAND	
	Date of death	1906	Month 6	Day 2	Age 31	Years 11	Months Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Carpenter		Where Residing if not at place of death		Lutherville	
	Married, Single or Widowed	Married		Name of Wife or Husband		Kellie O'Brien	
	Father's Name	Christian Schmidt				Father's Birthplace	Germany
	Mother's Maiden Name	Annie Flick				Mother's Birthplace	"
	Name of person giving information	John Schmidt				How related to deceased	Brother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tuberculosis			How long	Two years	
	Immediate	Acute Tubercular Pneumonia			How long	Two weeks	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	L. Burton Skerrison	
					Address	Riden	
	Accident or Suicide?				und		

John Burns Sons

W. Maria Carr.
London

Name
in
Full

Christine Schoenewolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stol</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>26</i>	Years <i>78</i>	Months <i>11</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Not any</i>	Where Residing if not at place of death <i>818 N Carrollton Ave</i>				
Married, Single Widowed <i>Widow</i>	Name of Wife or Husband <i>Christina Schoenewolf</i>				
Father's Name <i>Jacob Obrecht</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Christina Obrecht</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>John Schoenewolf</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>2 years</i>
Immediate <i>Heart failure</i>	How long <i>19</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alfred J. Gundry</i>
	Address <i>Stol Catonsville Md</i>
Accident or Suicide?	

Dr. Matthews
Cottonville
opposite New Church.

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		June	26			2	20
Sex	Male	Color or Race	White			Birth-place	Balto Md
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		alfred Schrade				Father's Birthplace	
Mother's Maiden Name		Anna Joyce				Mother's Birthplace	
Name of person giving information		alfred Schrade				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Toxemia	How long	105
Immediate	Cholera Infantum	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J E Muse	
		Address	
		855 Columbia Ave	
Accident or Suicide?			

London Park
Jos B. Cook
Funeral Director

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keighlontown</i> <i>Bolts</i> County		MARYLAND	
Date of death	190 <i>6</i> <i>6</i> <i>6</i>	Age	<i>4</i> <i>15</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>
Occupation	Where Residing if not at place of death <i>715 Eastern Ave Expt</i>		
Married, Single or Widowed	Name of Wife or Husband <i>J. M. Schumertman</i>		
Father's Name	<i>J. M. Schumertman</i>	Father's Birthplace	<i>Russia</i>
Mother's Maiden Name	<i>Sarah Schumertman</i>	Mother's Birthplace	<i>Russia</i>
Name of person giving information	How related to deceased <i>Father of child</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	<i>179</i> <i>3 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. M. Lannoy</i>
		Address	<i>304 Bond St Expt</i>
Accident or Suicide?			

Max Levenson,

Hebrew Cemetery

Wool Road

Name
in
Full

Wm Frederick Schultz

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Rossview

Baltimore

Date

Month

Day

Years

Months

Days

of death

1906 June

20

Age

7

7

-

Sex

Male

Color or
Race

White

Birth-
place

Mary

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Frederick Schultz

Father's
Birthplace

Mary

Mother's

Maiden Name

Mother's
BirthplaceName of person giving
information

Fred Schultz

How related
to deceased

Father

CAUSES OF DEATH

Primary

Dysentery

How long

4 days

Immediate

(105)

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

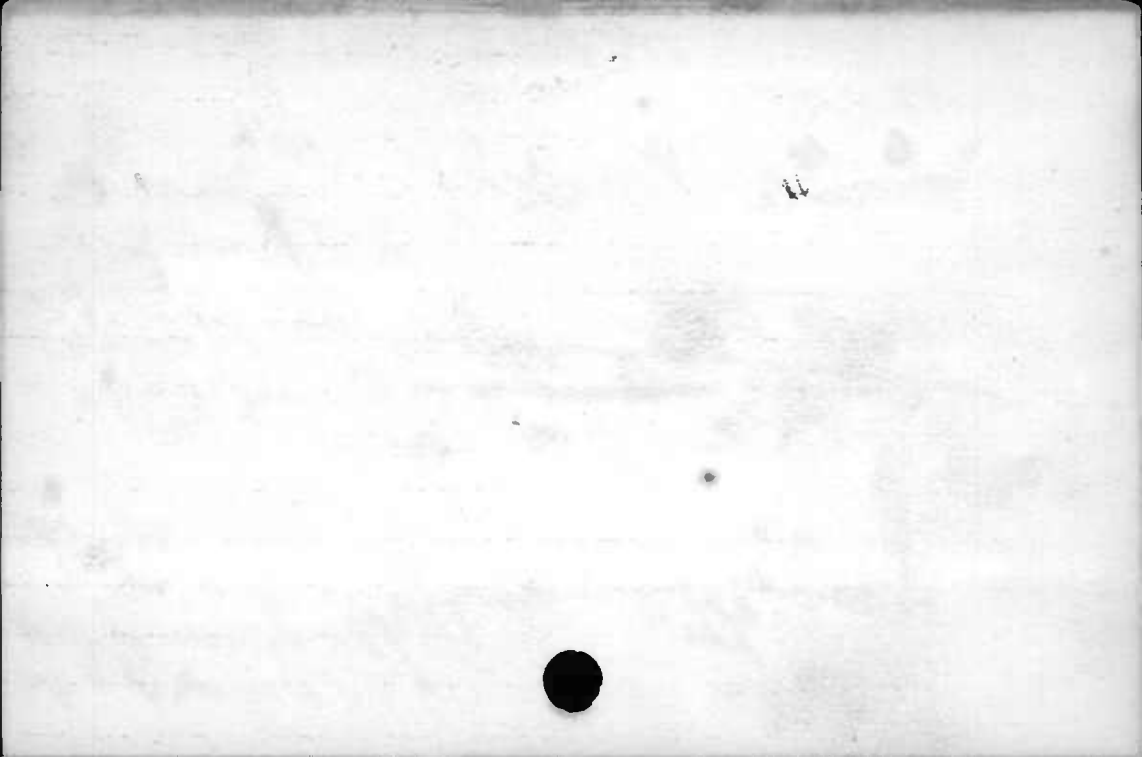
C. W. Chase

Address

Baltimore Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

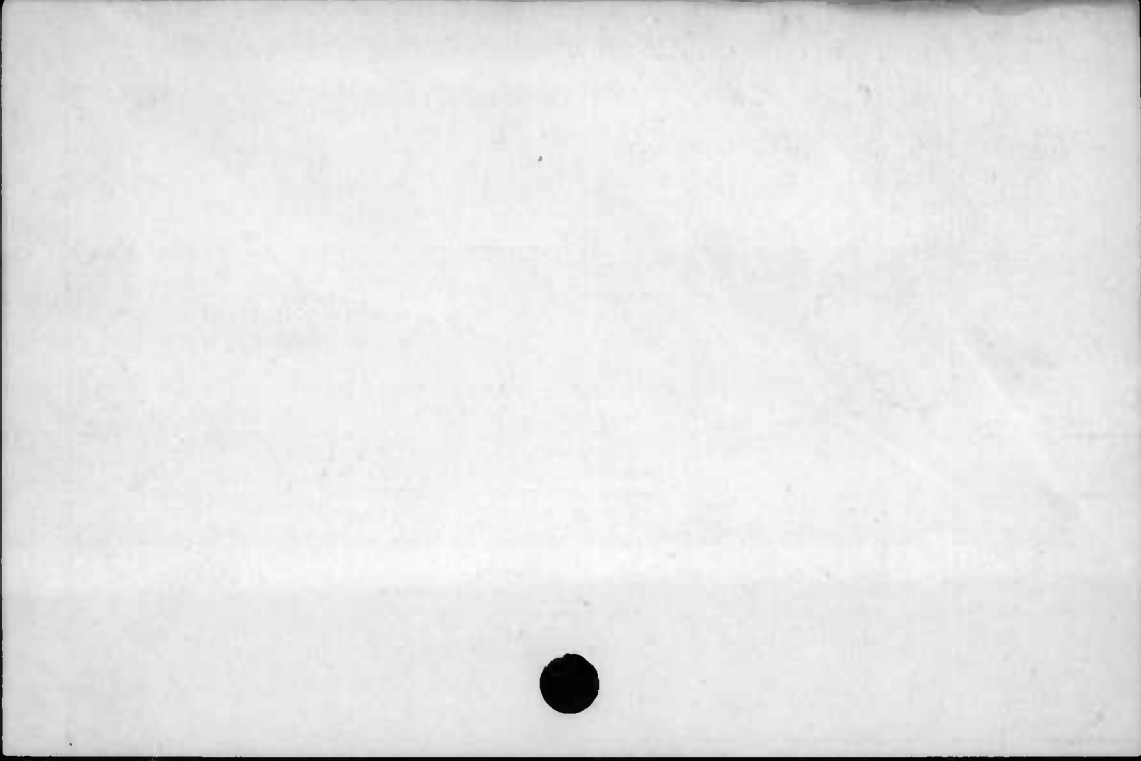
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>6</u>	Age <u>32</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Pennsylvania</u>		
Occupation <u>Housework</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Sebour</u>				
Father's Name <u>Jacob Appel</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Katherine Busch</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>John Sebour</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Gastritis</u>	How long <u>15 days</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>David W. Jones</u>
	Address <u>3116 O'Connell St.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John H. Sebour		Town Canton		County Baltimore		State MARYLAND	
Died at		Date of death		Age		Months	
		1906 June 25		25		7	
Sex Male		Color or Race White		Birth-place Baltimore Md		Days 6	
Occupation Owner at Lencer Mill		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of wife Mamie Sebour					
Father's Name Nicholas Sebour		Father's Birthplace Balto, Md					
Mother's Maiden Name Johanna Sebert		Mother's Birthplace Balto, Md					
Name of person giving information Mamie Sebour		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary & Intestinal Tuberculosis	How long	History of about 3 years
	Immediate	"	How long	"
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. L. Beckard, M.D.	
	Address 910 S. Canton St., Balto, Md		Accident or Suicide?	

Sacred Heart Cemetery

June 28th 1906

Germanus Ticeance

Undertaker

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		John George Leubott		County	
		Died at <i>Westport</i>		<i>Baltimore</i>	
		Town		County	
		Date of death <i>1906</i>		Month <i>6</i>	
		Day <i>2</i>		Age <i>26</i>	
		Years		Months	
		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Baltimore Md</i>	
Occupation <i>Black Smith</i>		Where Residing if not at place of death <i>218 S. Harris</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Leubott</i>			
Father's Name <i>Michael Leubott</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Barbara Boheman</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Michael Leubott</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
Primary <i>Dallig in water</i>		How long <i>172</i>			
Immediate <i>Drowning</i>		How long			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>August W. Miller</i>			
		Address <i>Mr Wmians</i>			
Accident or Suicide? <i>Accident</i>					

Balt County - June 07 1886

Permission is hereby given to John J. Fields
Undertaker to remove Body of John Georg Benboth

August W. Miller
Brown

Name
in
Full

Eveline Lewan.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Catonsville^{County} Balto.

Date of death 1906 June

Day 4

Age 14

Months

Days

Sex female.

Color or Race Colored

Birth-place Md.

Occupation

Where Residing if not at place of death

Catonsville

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Sarah Woodland

How related to deceased

none

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

2 yrs

Immediate

Cepthemia

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Marshall B West

Address

Catonsville

Md.

Accident or Suicide?

Alex Hambley

Balto

Old Fellows Cemetery.

Name
in
Full

Eleanor E. Sheridan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Towson</u> Town		<u>Balto.</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>12</u>	Age <u>65</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Balto. Co.</u>		
Occupation <u>House-wife</u>	Where Residing if not at place of death <u>Towson</u>				
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>John E. Sheridan</u>				
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Mrs Alex. Miles</u>			How related to deceased <u>Nease</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Bright's Disease</u>	How long <u>(?)</u>
Immediate <u>Cardiac Asthenia</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Gayson Owen M.D.</u>
	Address <u>Cowden Md.</u>
<u>Accident or Suicide?</u>	

John Burns Sons
London

Prospect Hill
Cecil.
London

Name
in
Full

Minty Shields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dickeyville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>June</i> ^{Month}	<i>13</i> ^{Day}	<i>49</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>		Color or Race <i>Colored.</i>		Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>34 years [from history]</i>
Immediate <i>Syncops</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Heard M. Morrison</i>
	Address <i>Dickeyville, Md.</i>
Accident or Suicide?	

J. H. Kraft
Mr Pleasant Up/oo.

Name
in
Full

CERTIFICATE OF DEATH

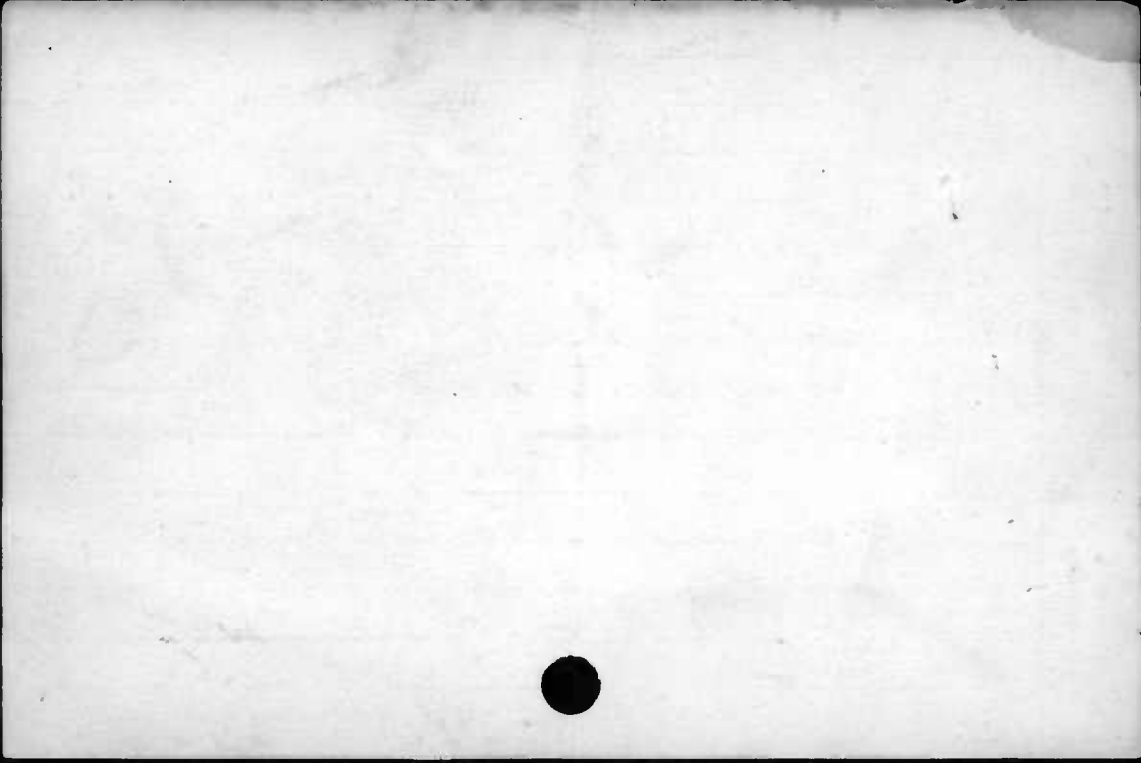
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Melvin Shipley</i>		Town <i>Herrington</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Herrington</i>		Month <i>June</i>		Day <i>29</i>		Years <i>35</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Carroll Co. Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James Shipley</i>		Father's Birthplace <i>Carroll Co. Md</i>					
Mother's Maiden Name <i>Mary Buckingham</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mrs Shipley</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemorrhage (internal)</i>		How long <i>—</i>	
Immediate <i>Puncture of Lung & Heart</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm I. Bussard</i>	
		Address <i>Roslyn</i>	
Accident or Suicide? <i>Accident</i>		<i>Baltimore</i>	



Name
in
Full

Elizabeth Ann Shock

CERTIFICATE OF DEATH

Died at ^{Town} *Bethland*^{County} *Balto*

MARYLAND

Date
of death *1906*^{Month} *June*^{Day} *21*

Age

^{Years} *87*^{Months} *4*^{Days} *8*

Sex

*Females*Color or
Race*White*Birth-
place*Balto Co*

Occupation

*Home wife*Where Residing if not
at place of death*Bethland*Married, Single
or WidowedName of Wife or
Husband*Nicholas Shock*Father's
Name*Joseph Pearce*Father's
BirthplaceMother's
Maiden Name*May Ann Pearce*Mother's
BirthplaceName of person giving
In formation*Mrs Shealy*How related
to deceased*Daughter*

CAUSES OF DEATH

(92)

Primary

Senility & Hypostatic Pneumonia

How long

Immediate

Aschemic

How long

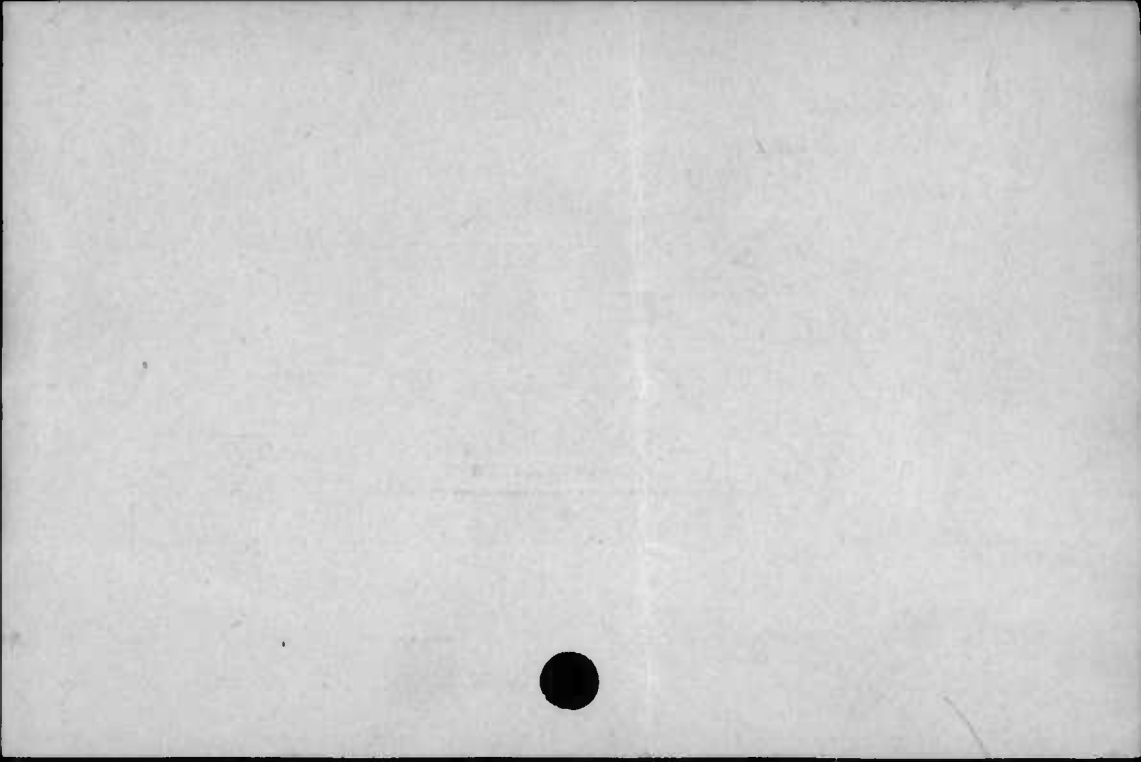
*3 weeks*Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician

Address

*Wilma B. Carter M.D.
Rocky Hill, Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at James Goldfinch Smith Town Halethorpe CountyDate of death 1906 June 18 Month June Day 18 Age 72 Years 4 Months — Days —Sex Male Color or Race White Birthplace Bristol Eng.Occupation Contractor Where Residing if not at place of death Halethorpe Md.Married, Single or Widowed Widowed Name of Wife or Husband Amelia E. SmithFather's Name John Smith Father's Birthplace EnglandMother's Maiden Name Sarah Smith Mother's Birthplace EnglandName of person giving information Geo. G. Smith How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Locomotor Ataxia How long 15 yearsImmediate Apoplexy How long 6 hoursAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician James E. GaulineAddress 1409 York RoadAccident or Suicide? ✓

E Madrona Mitchell

1201 - W - Fayette St

Co., Carrollton^{ave}

W. Carmel

Name
in
Full

Jacques E. Stout

6/3/10

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rossville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1906</i>	<i>June</i>	<i>25</i>	<i>25</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>clerk</i>	Where Residing if not at place of death		<i>1616 Halliers St</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Jacques E. Stout</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Zembla Stout</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Chas. S. Stout</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

Primary	<i>Killed</i>	How long	<i>(166)</i>
Immediate	<i>yes</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>P. A. Dunningan</i>
		Address	<i>703 York St</i>
Accident or Suicide?	<i>Accidental</i>		<i>Crown St</i>

PHYSICIAN
OR CORONER

P. A. Dunningan



Name in Full		Emma Tallackson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Canton		County Balto		MARYLAND		
		Date of death 1906	Month June	Day 28 th	Age 1	Years	Months 7	Days -
		Sex Female		Color or Race white		Birth-place Balto Co.		
		Occupation -		Where Residing if not at place of death -				
		Married, Single or Widowed Single		Name of Wife or Husband -				
		Father's Name Charles Tallackson		Father's Birthplace Norway				
		Mother's Maiden Name Annie Smith		Mother's Birthplace Germany				
Name of person giving information Charles Tallackson		How related to deceased Father						
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary Laryngeal Diphtheria		How long 3 days		From history		
		Immediate " Stenosis		How long 6 hours to my knowledge				
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C. N. Otley				
				Address 2 Hudson street				
		Accident or Suicide?						

St Pauls cemetery
H. Sander & Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Samuel Tasso

Town

County

MARYLAND

Died at

Franklinville Md.

Balto

Date

of death *1906*

Month

June

Day

30

Age

Years

65

Months

✓

Days

✓

Sex

Male

Color or
Race

Black

Birth-
place

Penn.

Occupation

Laborer

Where Residing if not
at place of death

✓

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

not known

Father's
Name

not known

Father's
Birthplace

not known

Mother's
Maiden Name

not known

Mother's
Birthplace

not known

Name of person giving
information

How related
to deceased

2

CAUSES OF DEATH

Primary

Heart Disease

How long

one Year

Immediate

" "

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

Yes

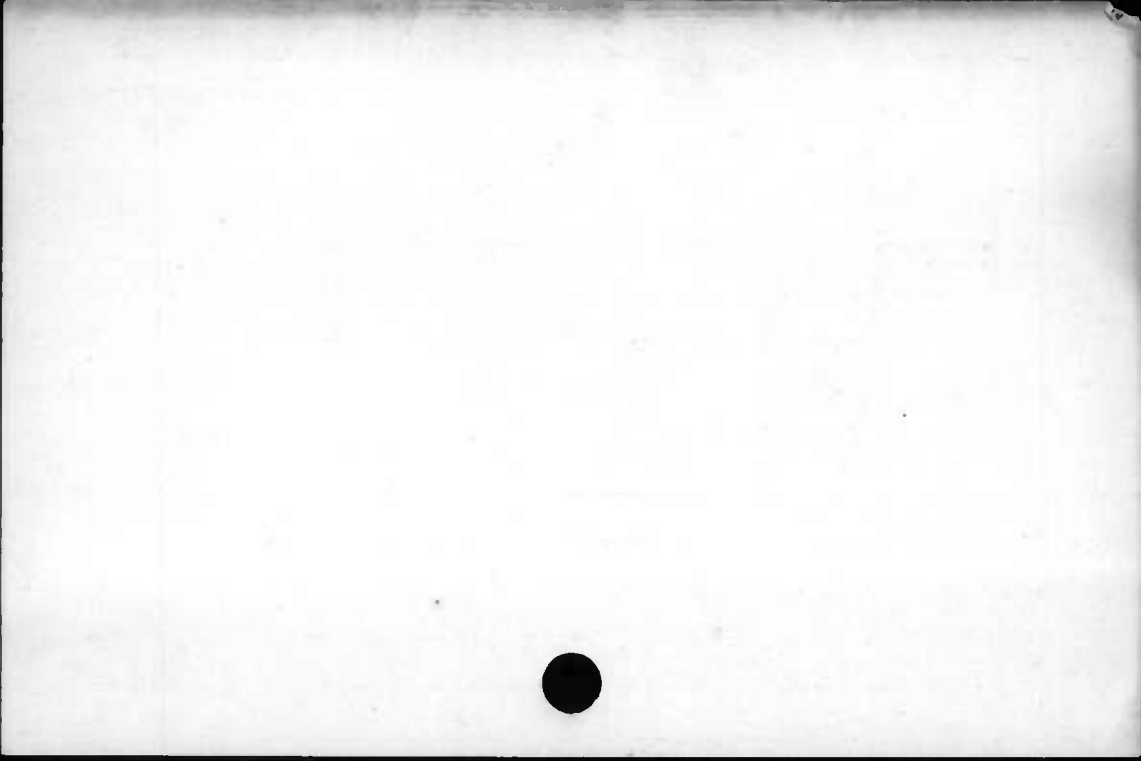
Signature of
Physician

D. F. H. Louch

Address

Fish

Accident or Suicide?



Name
in
Full

George A. Thompson M.D.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

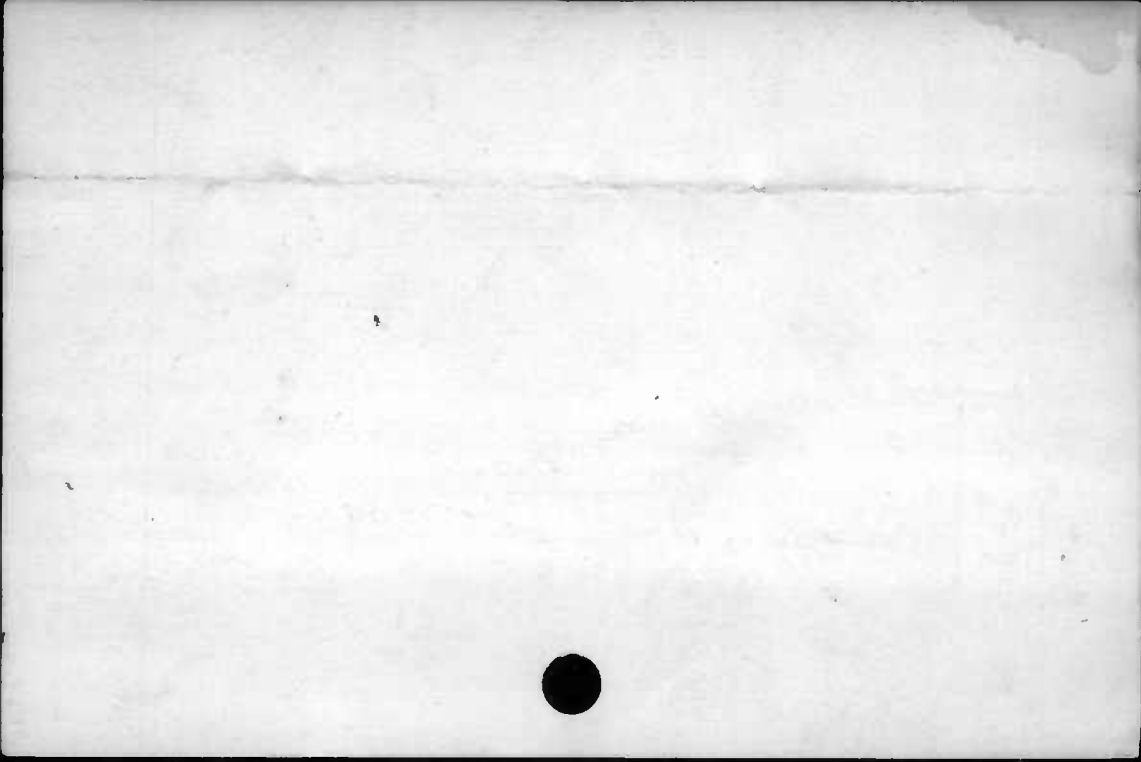
Died at		Town <i>Phoenix</i>		County <i>Batts.</i>		MARYLAND	
Date of death		1906	Month <i>June</i>	Day <i>Not known</i>	Years <i>5-5-</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Physician & Surgeon</i>		Where Residing if not at place of death <i>Phoenix.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Grafton.</i>					
Father's Name <i>Wm Thompson M.D.</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Not known.</i>		Mother's Birthplace					
Name of person giving information <i>Testimony before jury.</i>		How related to deceased					

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<i>Fracture of skull & left leg.</i>	How long
Immediate	<i>Cause unknown. found on June 29/06</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Wilmer E. Eason M.D.</i>
		Address <i>Coroner John L. G. Lounsbury Cockeysville, Ind.</i>
Accident or Suicide?		



Name in Full		Charlotte Townsend				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Dickesville		County Baltimore		MARYLAND	
	Date of death	1906	Month June	Day 22	Years 82	Months	Days
	Sex	Female		Color or Race White		Birth- place Virginia	
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Widow		Name of Wife or Husband Richard B Townsend			
	Father's Name	Not Known				Father's Birthplace Not Known	
	Mother's Maiden Name	—				Mother's Birthplace —	
Name of person giving Information	Geo Weaver				How related to deceased Grandson		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Carcinoma of Eye (45)				How long 1 year	
	Immediate	Inanition + General debility				How long 2 weeks	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	yes				Address A. C. Smith Woodlawn Sta not		
Accident or Suicide? <u> </u>							

William J Schilling
Webster Cemetery.

Name
in
Full

William Clarence Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dickeyville</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>June</u> ^{Month}	<u>22nd</u> ^{Day}	Age <u>19</u> ^{Years} <u>days.</u>	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>American</u>	Color or Race <u>White</u>		Birth-place <u>Dickeyville</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Charles Townsend</u>			Father's Birthplace <u>Dickeyville</u>		
Mother's Maiden Name <u>Annie E. Townsend</u>			Mother's Birthplace <u>Ellettsville Mo</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Infantile Paralysis</u>	How long <u>2 weeks</u>
Immediate <u>Convulsion</u>	How long <u>immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. C. Smith</u>
	Address <u>Woodlawn Sta</u>
	<u>Med.</u>
Accident or Suicide?	

Lost Book
Ridge Cemetery
June 23, 1906

Name
in
Full

Francis Randolph Inuel

CERTIFICATE OF DEATH

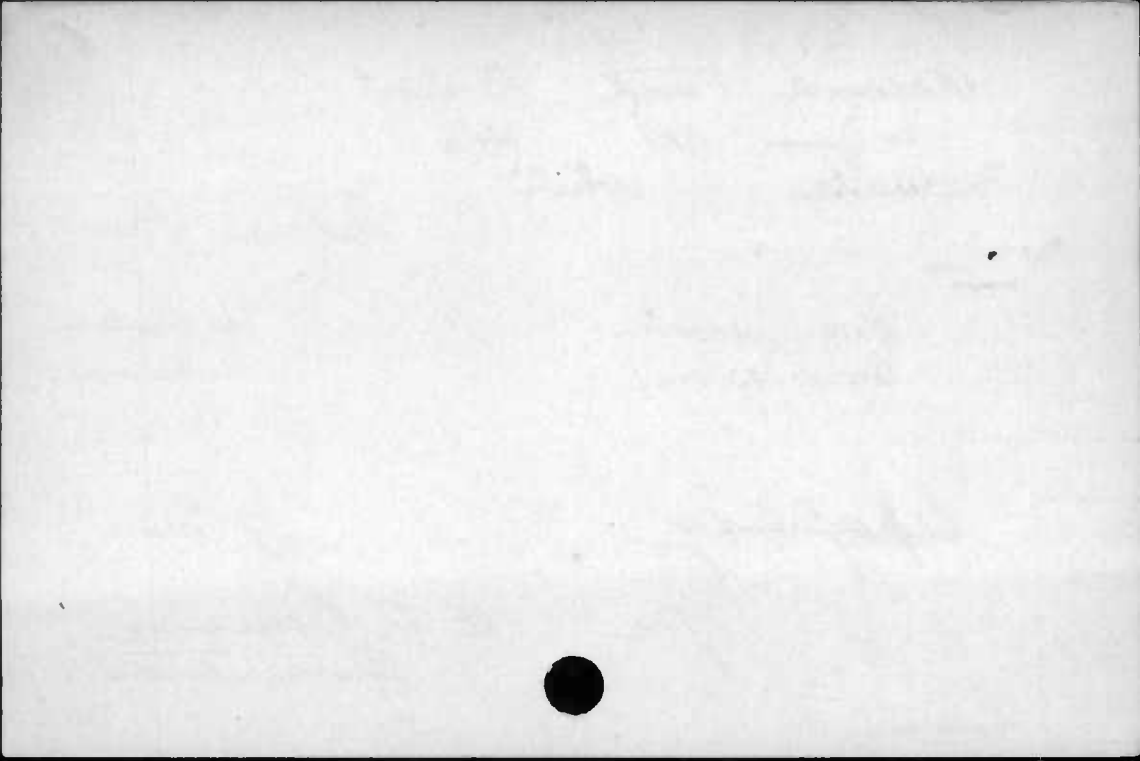
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Calumeth</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death 1906 <u>June</u> <small>Month</small> <u>16</u> <small>Day</small>		Age <u>12</u> <small>Years</small>		<u>6</u> <small>Months</small>	<u>13</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>W.</u>		Birth-place <u>Calumeth</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband _____		
Father's Name <u>Peter Inuel</u>			Father's Birthplace <u>Howard Co</u>		
Mother's Maiden Name <u>Susan B Espey</u>			Mother's Birthplace <u>4 1</u>		
Name of person giving information <u>11</u> <u>4</u> <u>11</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diphtheria</u>	How long <u>8 days</u>
Immediate <u>Cardiac failure</u>	How long <u>11</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr L Mayfield</u>
	Address <u>Calumeth Md</u>
Accident or Suicide?	



Name
in
Full

Laura Louise Van Meter


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Roland Park ^{County} BaltoDate of death 1906 ^{Month} June ^{Day} 30 ^{Years} Age 46 ^{Months} ^{Days}Sex Female ^{Color or Race} white ^{Birth-place}Occupation ^{Where Residing if not at place of death} 1 Roland ParkMarried, ~~Yes~~
or ~~Widow~~ ^{Name of Wife or Husband}Father's Name Unknown ^{Father's Birthplace} UnknownMother's Maiden Name Unknown ^{Mother's Birthplace} UnknownName of person giving information ^{How related to deceased}

CAUSES OF DEATH

Primary Apoplexy ^{How long} 9 hours
Immediate ^{How long}Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} E. H. Duncan^{Address}  Forans Town MdAttest ~~Signature~~ 2

W^m S. Fry Undertaker

Interments at - Baltimore Army.

Name
in
Full

H. Villmar

CERTIFICATE OF DEATH

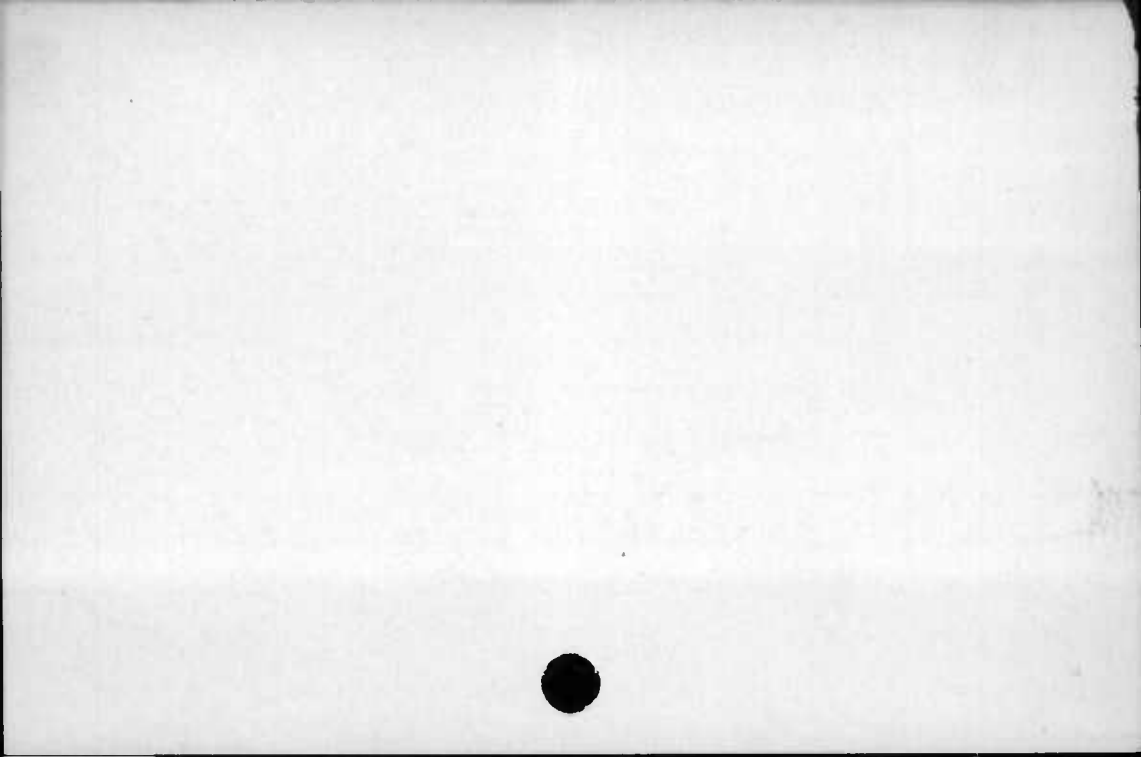
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Turners St</i>		Town <i>Baltimore</i>		County		STATE OF <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>June</i>	Day <i>28</i>	Age <i>42</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place				
Occupation <i>Cooper</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband						
Father's Name				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name				Mother's Birthplace <i>Germany</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Killed</i>	How long
Immediate <i>Struck by train in P.R.R.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P.A. Lennigan</i>
	Address <i>203 Lomb St.</i>
Accident or Suicide?	<i>Coroner</i>



Name
in
Full

CERTIFICATE OF DEATH

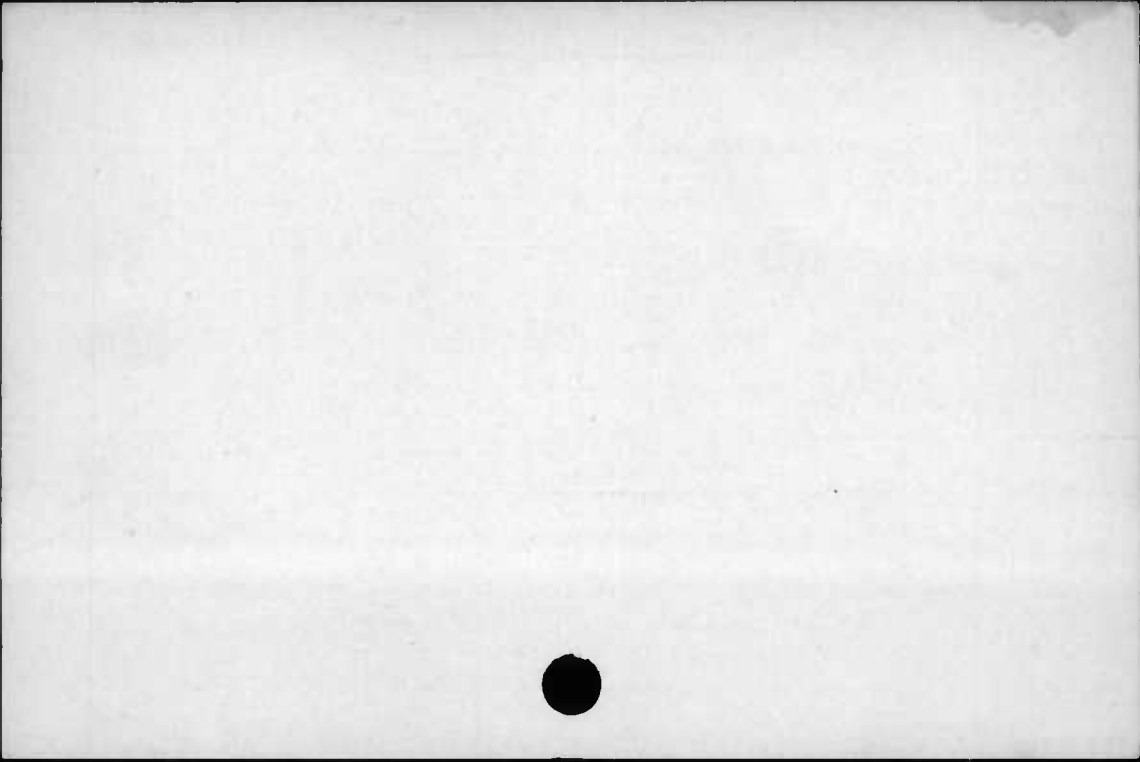
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Batonsville</i>		County <i>Balto</i>		MARYLAND	
Date of death	1906	Month <i>June</i>	Day <i>27</i>	Age <i>55</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth- place <i>Maryland</i>				
Occupation <i>Collector</i>	Where Residing if not at place of death <i>Baltimore</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband						
Father's Name <i>Jas E S Webb</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Annie Hughes</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving In formation <i>Morton Webb</i>	(27)			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ac. Pulmonary Tuberculosis</i>	How long <i>6 mos.</i>
Immediate <i>As theia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm T. Carr Jr</i>
<i>Copied from city blank</i>	Address <i>515 - mother st.</i>
Accident or Suicide?	



Name
in FullTO BE ANSWERED BY
NEAREST FRIENDMinnie Welsh
Died at 204 Elliott Canton County Balto

CERTIFICATE OF DEATH

MARYLAND

Date of death 1906 June 19 Age 20
Month Day Years Months DaysSex Female Color or Race White Birth-place Balto
Occupation _____ Where Residing if not at place of death 204 Elliott St.

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information Mrs Dietrich 204 Elliott St. How related to deceased Aunt

CAUSES OF DEATH

Primary Phthisis Pulmonalis - 27 How long about 8 months -

Immediate Asthenia How long about one week -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Fred. A. Gorsadi, M.D.

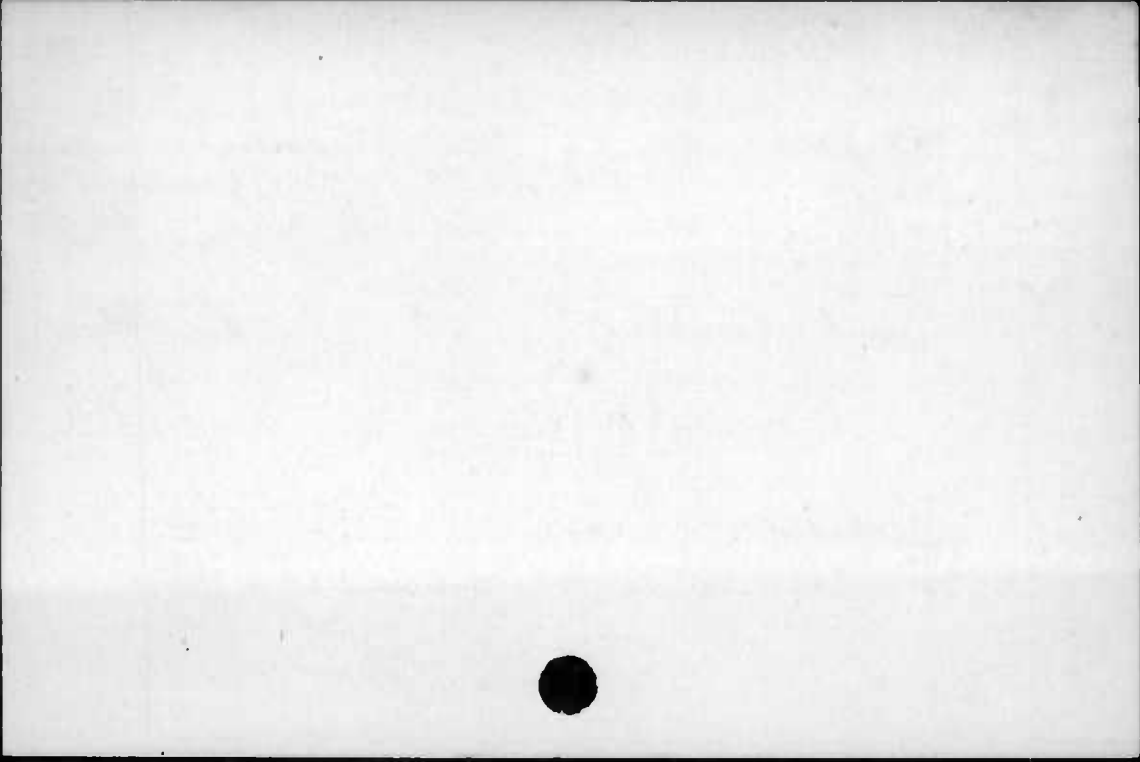
Address 2241 E. Baltimore St. - Baltimore, Md.


Accident or Suicide?

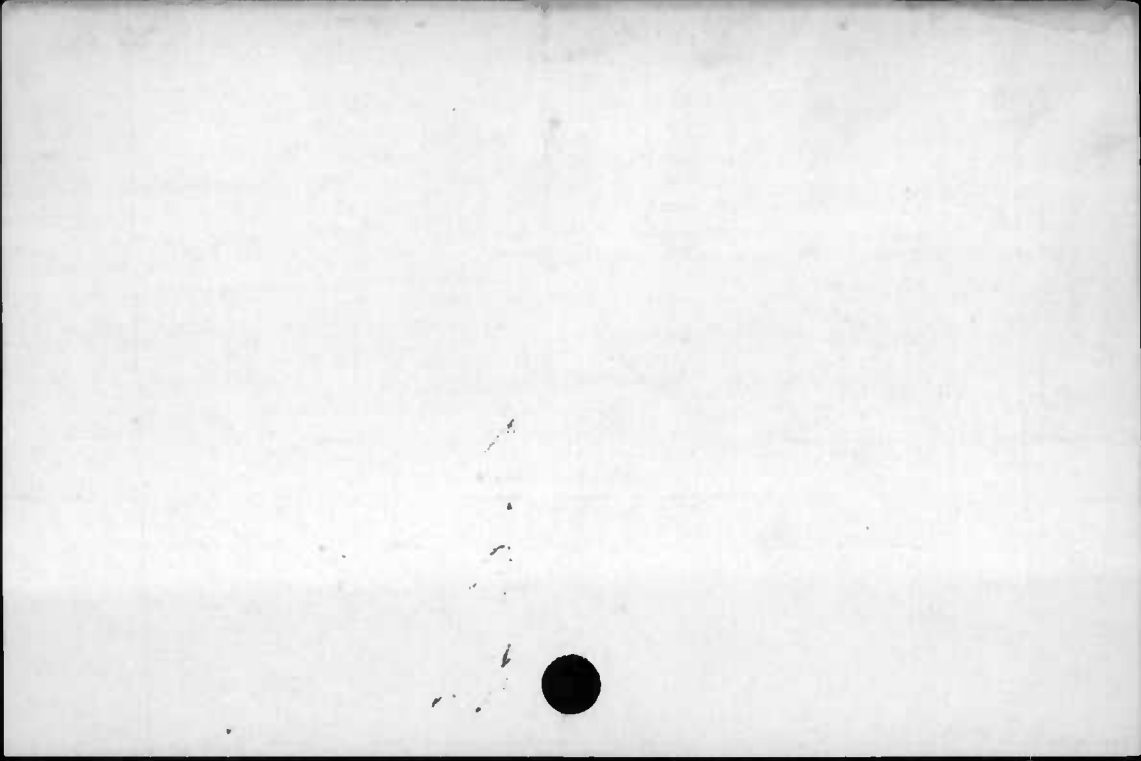
Wendell Shippee

Mt. Carmel Conn

Name in Full		Sola C. Wilkens				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt Hope Retreat		County Baltimore		MARYLAND
	Date of death	1906	Month June	Day 20 th	Years 49	Months unknown	Days unknown
	Sex	Female		Color or Race	White		Birth place Maryland -
	Occupation	Wife of Physician			Where Residing if not at place of death Baltimore Md.		
	Married, Single or Widowed	Married		Name of Wife or Husband	unknown -		
	Father's Name	unknown				Father's Birthplace	unknown
	Mother's Maiden Name	"				Mother's Birthplace	"
	Name of person giving information	Reeds Mt Hope				How related to deceased	"
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Mania Chronic			How long	23 yrs -
	Immediate		Ex-uterine Hemorrhage			How long	Several years -
	Are the name, age, sex, color, date and place correctly given above?		Yrs			Signature of Physician	Frank J. Flannery and
	Address		Mt Hope Retreat			Baltimore Co Md.	
Accident or Suicide? <input type="checkbox"/>							



Name in Full		Joseph Mills				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Georgetown</i> Town			<i>Balto</i> County		MARYLAND	
	Date of death <i>1906</i>		Month <i>June</i>	Day <i>3</i>	Age <i>64</i> Years	Months	Days
	Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>England</i>		
	Occupation <i>Refrid</i>			Where Residing if not at place of death <i>Georgetown</i>			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <i>Joseph Mills</i>				Father's Birthplace <i>England</i>		
	Mother's Maiden Name <i>Hannah Rever</i>				Mother's Birthplace <i>"</i>		
Name of person giving information <i>Hy. Kenline</i>				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			<i>Acute Gastritis</i> (104)		How long <i>2 weeks</i>	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Thos. D. Coose</i>		Address <i>Gardenville</i>	
				Address 			
Accident or Suicide? <i>✓</i>							



Name
in
Full

M. Nathalie Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glen Arm</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>June</i> <small>Month</small>	<i>29</i> <small>Day</small>	Age <i>15</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Louisiana</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>H. C. Wilson</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Arvide Claverie</i>			Mother's Birthplace <i>Louisiana</i>		
Name of person giving information <i>H. C. Wilson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>15 years</i>
Immediate <i>Convulsions</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. F. H. Grouch</i>
	Address <i>Fork Md.</i>
Accident or Suicide? <i>✓</i>	

The Antislavery Herald 15th Feb 1846

From London
The Antislavery Herald

London 15th Feb 1846

Name
in
Full

CERTIFICATE OF DEATH

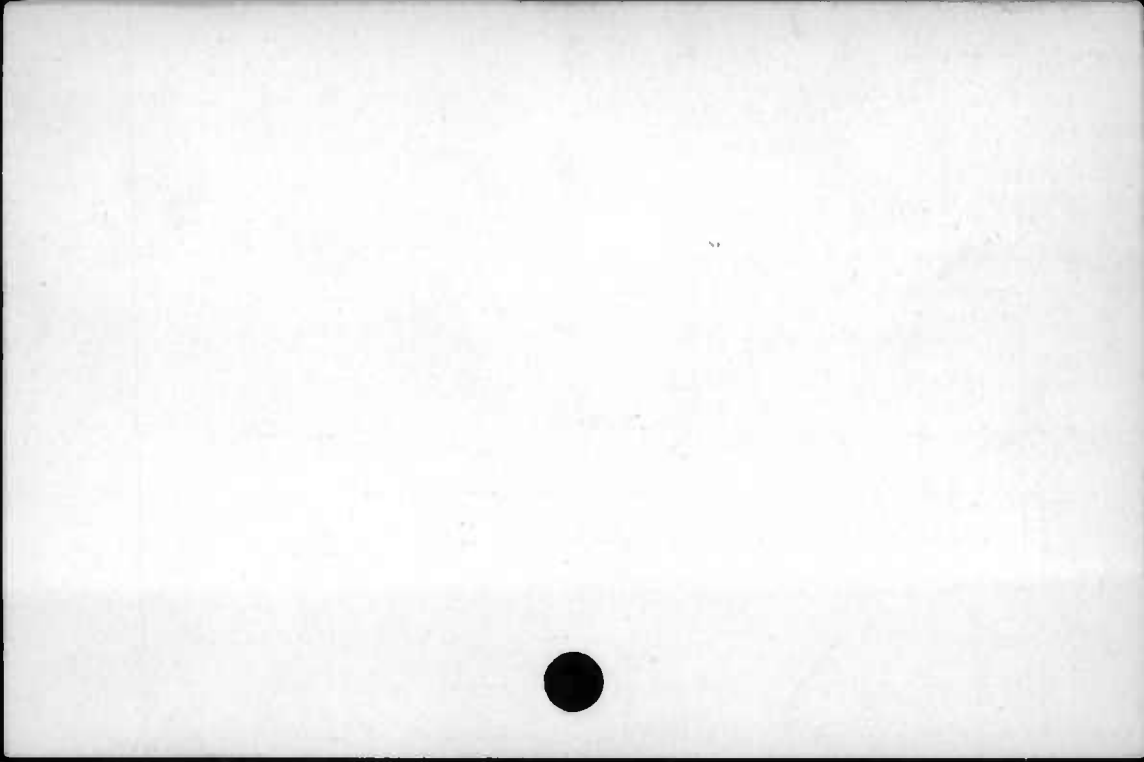
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Phygel and Down</i>		County <i>Balto</i>		MAYLAND		
Date of death <i>1906</i>	Month <i>6</i>	Day <i>26</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
Father's Name <i>George Wolf</i>		Father's Birthplace <i>Balto Md</i>				
Mother's Maiden Name <i>—</i>		Mother's Birthplace				
Name of person giving information <i>George Wolf</i>		<i>(105)</i>		How related to deceased <i>Father</i>		

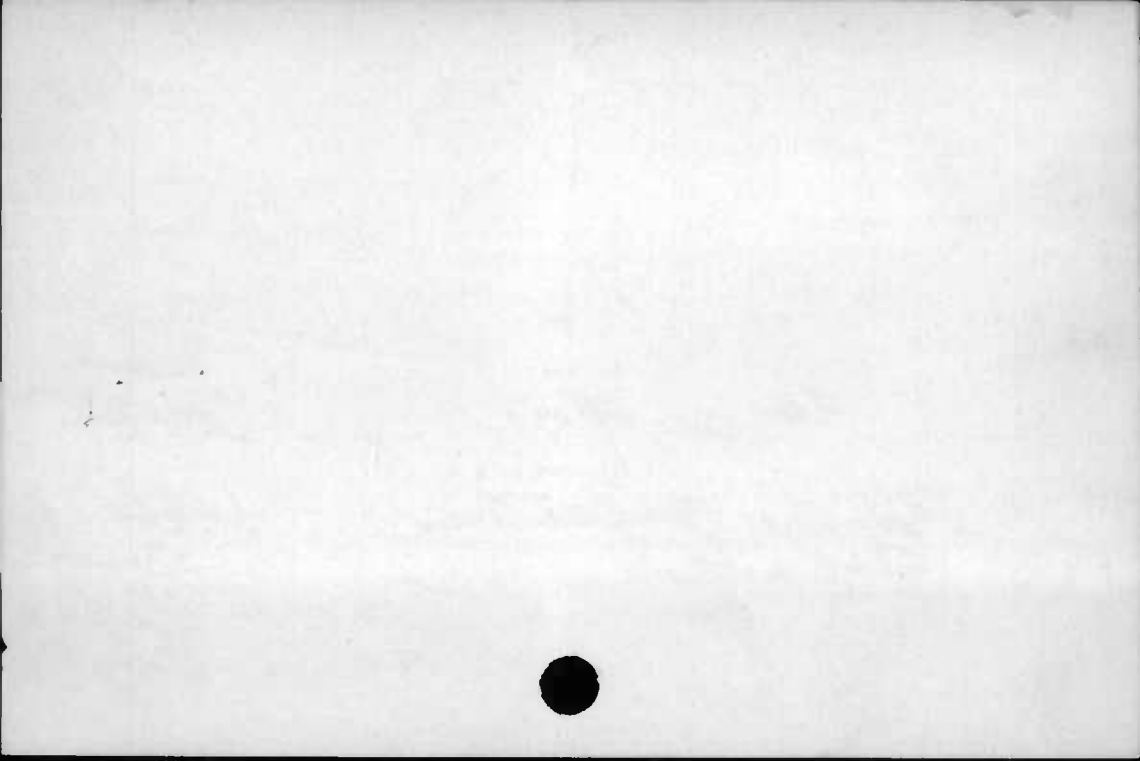
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum.</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John L. Quarles</i>
	Address <i>3 and 4th</i>
Accident or Suicide? <i>No</i>	



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Turners Sta</i>		County <i>Baltimore</i>			
		MAYLAND					
		Date of death <i>1906</i>	Month <i>June</i>	Day <i>28</i>	Age <i>44</i>	Months	Days
		Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
		Occupation <i>Saloonkeeper</i>	Where Residing if not at place of death <i>675 W. Mulberry</i>				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Maggie wolf</i>					
Father's Name <i>Mr. J. wolf.</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Louise wolf.</i>		Mother's Birthplace					
Name of person giving information <i>H. wolf.</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							
Primary <i>Killed</i>		<i>(166)</i>		How long			
Immediate <i>yes.</i>				How long			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>P.A. Dunningan</i>					
		Address <i>203 Loone St</i>					
Accident or Suicide? <i>Accident</i>		<i>✓</i> Coroner					



Name in Full		Matthew Wolfe						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Stiglandtown			Balt			MARYLAND	
	Date of death	1906	Month 6	Day 16	Age	Years	Months 6	Days	
	Sex	Male		Color or Race	White		Birth-place	Balt Co	
	Occupation	—			Where Residing if not at place of death			220 Canton Ave	
	Married, Single or Widowed	Single		Name of Wife or Husband					
	Father's Name	George John Wolfe				Father's Birthplace	Balt		
PHYSICIAN OR CORONER	Mother's Maiden Name	Annina Bertha Wolfe				Mother's Birthplace	Germany		
	Name of person giving information	George Wolfe				How related to deceased	Brother		
	CAUSES OF DEATH								
	Primary	Chorea infantum				How long	2 yr		
Immediate	Exhaustion				How long	2 hours			
	Are the name, age, sex, color, date and place correctly given above?				Yes				
	Signature of Physician				Jas L Gump				
	Address				Baltimore				
	Accident or Suicide?				No				

Wendell Lippel ~~Wendell~~
Holy Redeemer Church.

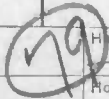
Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

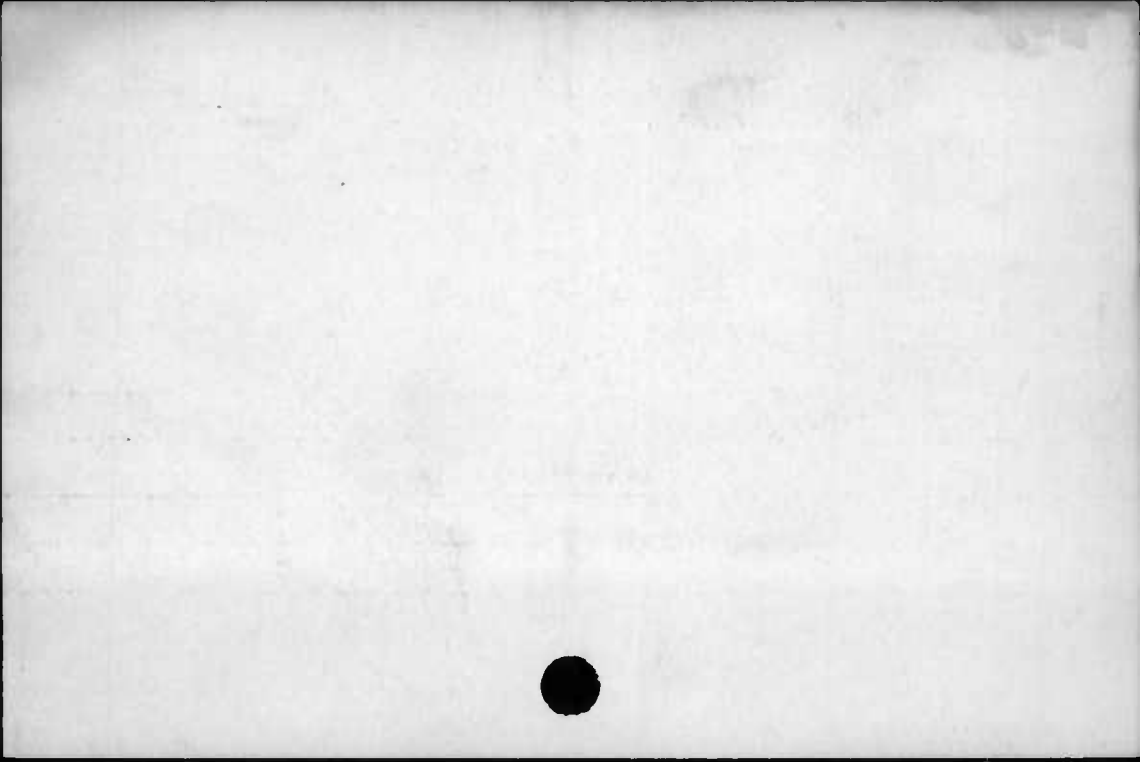
Died at ^{Town} *Canton* ^{County} *Balto*Date of death 1906 ^{Month} *June* ^{Day} *27* ^{Years} *35* Months DaysSex *Female* Color or Race *White* Birth-place *Maryland*Occupation *Laborer* Where Residing if not at place of death *606. N 3rd St*Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Babara Wunder*Father's Name *Fred Wunder* Father's Birthplace *Germany*Mother's Maiden Name *Mary* " " Mother's Birthplace " "Name of person giving information *Babara Wunder* How related to deceased *wife*

CAUSES OF DEATH

Primary *Heart Trouble*  How long _____

Immediate " " How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of *P. A. Drummigan*Address *203 Lorne St*Accident or Suicide? *Natural*  *Coroner*TO BE ANSWERED BY
NEAREST FRIEND-DISTRICT
OR CORONER*P. A. Drummigan*



Name
in
Full

Matthew Yates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Bare Hill Falls Road

^{County} Balto

Date of death 1906 June

Day 9

Age 90

Months

Days

Sex male

Color or Race Colored

Birth-place Md

Occupation Laborer

Where Residing if not at place of death Falls Road

Married, Single or Widowed Widower

Name of Wife or Husband

Father's Name Not known

Father's Birthplace Not known

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Precilla Yates

How related to deceased Daughter

CAUSES OF DEATH

Primary Senility

154

How long 6 mos.

Immediate Exhaustion

How long 48 hrs

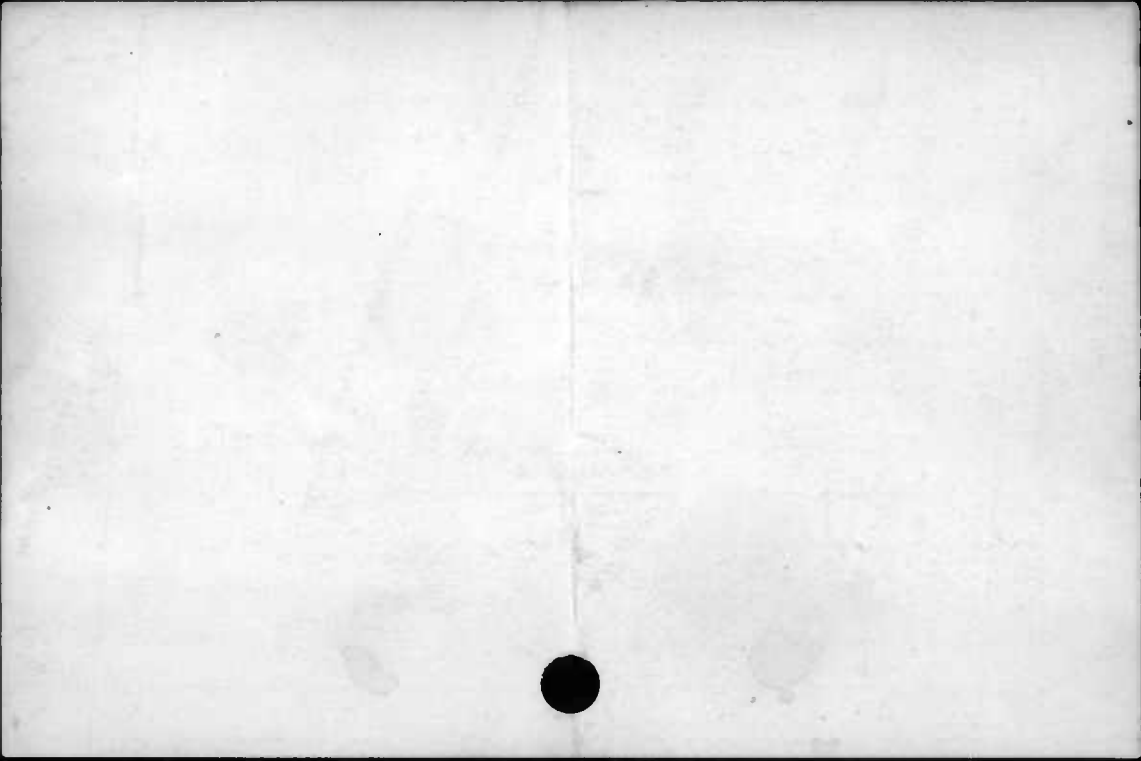
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician O. S. Beuten Md

Address Mt Washington

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Adam Yurek

CERTIFICATE OF DEATH

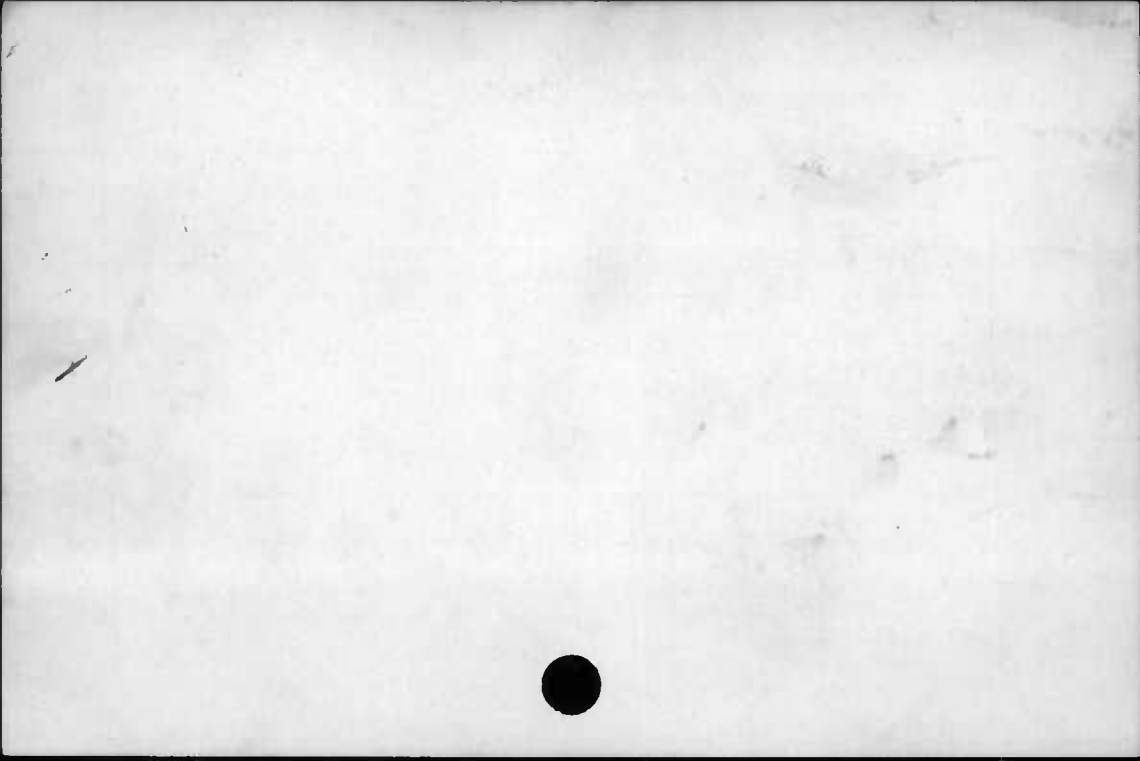
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benger Middle River</i>		Town <i>Balto.</i>		County <i>Co</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days <i>29</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Benger Balto Co</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Benger Middle River</i>						
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>John Yurek</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Mary Nowicka</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>May Yurek Mother</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute diarrhoea</i>	How long <i>3 days</i>
Immediate <i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Rehberger</i>
	Address <i>709 Alliceum St. Baltimore, Md.</i>
Accident or Suicide?	



Name in Full		Female colored Infant, name unknown				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND					
		Died at or near		Baltimore							
		Date of death	1906	Month	June	Day	25 th	Age	Years	Months	Days
		Sex	female	Color or Race	colored	Birthplace	not known				
		Occupation	none	Where Residing if not at place of death							
TO BE ANSWERED BY PHYSICIAN OR CORONER		Single		Name of Wife or Husband							
		Father's Name		not known		Fether's Birthplace		not known			
		Mother's Maiden Name		not known		Mother's Birthplace		not known			
		Name of person giving in testimony		Verdict of jury - Still-born & placed in stream by person or persons unknown to jury.		How related to deceased					
		Inquisition held		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Verdict of jury - Still-born and placed in stream by person or persons unknown to jury.		How long					
		Immediate				How long					
		Ask the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address					
		Accident or Suicide?		Accident		H. Holliday Emick Coroner.					

John Burns' Sons

Almo House, County

Name
in
Full

Unknown Male Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonsville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>June</u> ^{Day} <u>11</u>		Age <u> </u> ^{Years}		<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>		Color or Race <u>W</u>		Birth-place <u>unknown</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u> </u>			
Mother's Maiden Name <u>"</u>		Mother's Birthplace <u> </u>			
Name of person giving information <u> </u>		How related to deceased <u> </u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u>		How long <u> </u>
Immediate <u> </u>		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. H. O. Maupied</u>
		Address <u>Catonsville Md</u>
Accident or Suicide?		

